## **GENERAL PETITION**

"State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be Informed about the information the university collects about you by use of this form; (2) under sections552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect"

University of Houston Registration and Academic Records (713) 743-1010



<sub>Name</sub> kisitu	aa	ron	k		To be completed by Adviso			
	2134705 Phone	First 89017	39280 Mi	ddle	CurrentStudent Program/Plan	Current Student Academic Career		
Mailing Address 9120 ion lane					Petition Effective			
City_houston State_texas ZIP 9080 EMAIL: kisituaaorn@gmail.com					BEFORE first class day Semester/Year Petition Effective			
					AFTER fir	st class day Semester/Year		
Mark number for p	purpose of petition (For number	with an "*" compl	ete EXPLANATION OF RI	EQUEST)				
△1. Update Student's activate, etc.)	s Program Status/action (readmi	t, term □*5. S	tudent requests plan(major)	change from	om □ *9. Add second Degree in BA/BS/Other			
	s change from studento to	□*6. D		to	□*10. Student request	*10. Student request removal or change of minor from to		
☐ Second ba☐ Requireme☐ Teacher ce☐ Personal e	reate, indicate study objective: chelor's degree ents for graduate study ertification enrichment	plan at t EXPLA plan as □*7. Ro UH Ca □*8. So	equirement Term(year) : talog/CareerF tudent Requests Additional I BA/BS/Othe	legree information under number 5 if you are changing Program/Plan	g □*12. Degree requirer □*13. Special Problem course description and 3*14. Course overload and courses)	<ul> <li>11. Add additional Minor in</li> <li>12. Degree requirement exception</li> <li>13. Special Problems course request (Indicate course(s), course description and instructor.)</li> <li>14. Course overload (indicate G.P.A., number of hours and courses)</li> <li>15. Graduate studies leave of absence</li> </ul>		
EXPLANATION		Indicate pursuin	plan your primary or seany other plan and/or minors y g Under EXPLANATION OF Fing degree objectives.)	ou are currently	□*16. Graduate studie you are □*17. Other	s reinstatement		
Signature of Stud	ent			ate_04/22/2025	_			
		AC	ADEMIC OFFICE	USE ONLY				
☐ Approved ☐ Disapproved	Advisor/Instructor	Signature	Print name	Date	Comments			
☐ Approved ☐ Disapproved • • • • • • • • • • • • • • • • • • •	Chairperson	Signature	Print name	Date	_		_ _	
☐ Approved ☐ Disapproved ←	College Dean	Signature	Print name	Date			_ _ _	
	Sr. Vice President/Provost legree requirement exception only)	Signature	Print name	Date			<u> </u>	