

Undergraduate Program Petition

Pre- Business Students

Student: Please fill out sections I and II.

I. Name: _____
Last First
Student I.D.: _____ Class Standing: _____ Today's Date: _____
Intended Major: _____
Current/Local Address: _____
Street
City State Zip Code
Telephone No.: _____ Email: _____

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II. STATEMENT OF REQUEST: If you are petitioning for course equivalency, please attach a course syllabus that includes a detailed course description, the textbook(s) used, and the chapters covered to support your request.

Course No.: _____ Course Title: _____
Institution (Please spell out): _____
Semester/Quarter Taken: SPRING SUMMER FALL Year: _____
Petitioning for:
 Course Equivalency to: _____
 Concurrent Enrollment with: _____

..... **OFFICE USE ONLY**

III. Referred to: _____ Chairperson/Faculty/Dean
Department: ACC BLAW ENT FEI HRM ICS ITM/MIS MGT/IB MKT
Other: _____
I recommend: Approved Disapproved for the following reasons:

Date: ____ / ____ / ____ Signature: _____

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IV. Undergraduate Director has Approved Disapproved for the following reasons:

Date: ____ / ____ / ____ Signature: _____