BAYLOR UNIVERSITY Degree Program Petition

Academic Unit:	Degree	Major	
	Concentration (if applicable)		
A&S [] Business [] Education [] Music []	(Current Date	
EGR & CSI [] Nursing []	I	Anticipated Graduation Date	
Student's Name		ID#	
Local Address		Zip	Phone
E-Mail Address			
Briefly state your petition. (Use add	ditional sheets if	necessary.)	
Do not write below this line.			
[] I support this petition	Date	[] I support this petition	Date
[] I do not support this petition			
Signature:			
Signature:		Signature:	
Dean's Office:	(Comments:	
[] Approved Date			
[] Not Approved Date			
Signature			
5			
[] Applies only to the major and o	legree listed aboy	re la	
[] Applies to any major within the	0		
	-		
Please make the following char	iges to the stude	nt's degree program:	
Course Substitution:	Required Cours	e	Hours
	Substitution		Hours
Course waiver:	Waive		Hours
University requirement wa	-		
chiverenty requirement we	atter of Substituti		
Course repetition (Grade o	of "C") Course		