

BAYLOR UNIVERSITY

Undergraduate Degree

Audit Petition Form



Academic Unit:

A&S	Business
Education	Music
EGR & CSI	Nursing
SSW	

Name: _____ Date: _____
Last First Middle

Baylor ID#: _____ Phone: _____

Degree: _____ Major: _____

Classification: _____ Expected date of graduation: _____

Briefly state your petition:

Do not write below this line

I support this petition Date: _____

I support this petition Date: _____

I do not support this petition Date: _____

I do not support this petition Date: _____

Signature: _____

Signature: _____

For Dean's Office Use Only

Approved Date: _____

Comments: _____

Not Approved Date: _____

Print Name: _____

Signature: _____

Please make the following changes to the student's undergraduate degree audit:

Course Substitution: Required Course: _____ Hours: _____

Substitution: _____ Hours: _____

Course waiver: Waive: _____ Hours: _____

Requirement waiver: Waive: _____

University requirement modification or substitution: _____

Modify last 30 hours by _____ hour(s)

Other Academic Adjustments: _____