



Academic Unit:

- | | |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> A&S | <input type="checkbox"/> HHS |
| <input type="checkbox"/> Business | <input type="checkbox"/> Music |
| <input type="checkbox"/> Education | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> EGR & CSI | <input type="checkbox"/> SWO |

Undergraduate Degree Audit Petition

(Dean's Office Only Form)

Name: _____ Date: _____
LAST FIRST MIDDLE

Baylor ID: _____ Phone: _____

Email: _____ Major: _____

Degree: _____ Expected Graduation Date: _____

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: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

For Dean's Office Use Only

Approved Date: _____

Not Approved Date: _____

Print Name: _____

Signature: _____

Comments:

Please make the following changes to the student's undergraduate Degree Audit:

Course Substitution: Substitution: _____ Hours: _____

Required Course: _____ Hours: _____

Course Waiver: Waive: _____ Hours: _____

Requirement Waiver: Waive: _____

University requirement modification or substitution: _____

Modify the last 30 hours by _____ Hour(s)

Other Academic Adjustments: _____