BAYLOR UNIVERSITY

Undergraduate Degree Audit Petition

Academic Unit:

☐ Education ☐ Business
☐ EGR & CSI ☐ Music
☐ SWO ☐ Nursing
☐ HHS *(Arts & Sciences: Visit A&S Dean's Office)*

Name: _____ **Date**: _____
Last First Middle

Baylor ID#: _____ **Phone**: _____
Email: _____ **Major**: _____
Degree: _____ **Expected date of graduation**: _____

Briefly state your petition:

Do not write below this line

☐ I support this petition Date: _____
☐ I do not support this petition Date: _____
Print Name: _____
Signature: _____

☐ I support this petition Date: _____
☐ I do not support this petition Date: _____
Print Name: _____
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: 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:_____

Updated 1/22/15