



**College of Public Programs  
University Standards Committee Petition**

**Blind Petition**

Name (Last, First)		ASU Student ID	Date
Local Mailing Address		City, State, Zip	Local Phone
Major	College	E-Mail Address	
Total Hours Completed	Current GPA	Catalog Enrolled Under	

**Nature of Request (Check only one)**

<input type="checkbox"/> Pursue concurrent degrees in _____ and _____ <input type="checkbox"/> Allow additional restricted withdrawal <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> Enroll in a course for a third time Course: _____ <input type="checkbox"/> Graduate under an earlier catalog Catalog: _____ <input type="checkbox"/> Other _____	<b>Ammend General Studies Requirement:</b> _____ Literacy (L) _____ Natural Sciences (SG/SQ) _____ Mathematical Studies (MA/CS) _____ Humanities/Fine Arts (HU) _____ Social/Behavioral Sciences (SB) _____ Awareness Area: <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/> H
	Specific Request and Justification: (Attach additional sheet if necessary)
	Student Signature
	Date (mm/dd/yy)
	DO NOT WRITE BELOW THIS LINE

Recommendation of Advisor: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Forward without Recommendation Comments: _____ Advisor Signature <span style="float:right">Date</span>
Recommendation of School/Department : <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Comments: _____ Authorized Signature <span style="float:right">Date</span>
Standards Committee/Dean's Designee/ Dean's Recommendation: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Comments: _____ Authorized Signature <span style="float:right">Date</span>