Undergraduate Petition Form

Name _______________________________  ID ______________  Cell Phone (______) _______ - _______

Academic Year  FR  SO  JR  SR  Grad Date ____________  Email _____________________________@andrews.edu

____ BA/BS  _____ Professional  _____ Transfer Student (24+ credits taken previously)

Major: ________________________________  Advisor: ________________________________

Minor: ________________________________  Advisor: ________________________________

College/School: ________________________________________________________________

---

**Course Taken:** Prefix _______ Number _______ Title __________________ Credits _______ Grade _______

Institution where course was taken

Include course description if course was not taken at AU

_____ Waive  _____ Substitute

---

**Course Required:** Prefix _______ Number _______ Title __________________ Credits _______

---

**OR Category Requirement (GE Courses Only)**

_____ Religion  _____ Mathematics

_____ Composition/Communication  _____ Computer Literacy

_____ History  _____ Service Learning

_____ Fine Arts/Humanities  _____ Social Sciences: _____ Foundation _____ Interdisciplinary

_____ Science: _____ Life _____ Physical  _____ Fitness Education

---

**Explanation**

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student's Signature _____________________________________________  Date __________

---

**Recommendations**

Yes _____ No _____ *Advisor _____________________________________________ Date __________

Yes _____ No _____ **Dept. Chair _____________________________________________ Date __________

* Advisor signature needed for ACE (General Education Requirement)
** Advisor AND Department Chair signatures needed for major or minor request.

---

**Approval**

Yes _____ No _____ Academic Dean _____________________________________________ Date __________

Yes _____ No _____ GE/Honors Director _____________________________________________ Date __________

---

**Office Use Only**

Accepted: Yes _____ No _____  Sent to Articulation Office: _______

If No:

_____ Transcript Missing  _____ Date Entered: _______

_____ Information Missing  _____ Initials: _______

_____ Wrong Course/Acronym  _____ Other: _______

_____ Dean’s Signature Missing  Comments: ____________