WICHITA STATE UNIVERSITY APPLICATION FOR EXCEPTION TO CATALOG REGULATIONS

Name:		myWSU ID:	
City, State, Zip:			
Phone:	En	nail:	
This completed p		visor or Records Office staff member no later than	
	We will have the results	available no later than	
class(es); wa	iver of graduation requirements,	re of your request (i.e. admission to the University; la etc.). <u>Include the semester involved and the course elow</u> , you must also include a typed request.	te drop of name,
which lack documen CHECK	tation, may not be acted upon or LIST:	ntation and additional pages). Incomplete petitions, r may be denied based on lack of supporting documers with an advisor prior to submitting my petition.	
I understand I a I understand I a my petition I understand all I understand I a	also need to submit a 1 page (maneed to provide all appropriate d may not be considered if incomp dates must be clearly indicated also need to obtain a progress re-	ax) typed request stating the details and reasons for no locumentation to justify my claim (emails, invoices, leplete. Include all transcripts outside of WSU. in my letter and documentation. port from my Instructors if applicable. and written documentation are COMPLETE before:	etters, etc.) and that
PRIN'	FORM – Sign and date, an	nd return to Business Advising office, CH-008	
Advisor Sign	nature Date	Applicant's Signature	Date
BUSINESS	COMMITTEE DECISION	7	
□ Approved	Date:	Recommended?	
□ Denied		☐ Yes	
Comments:		□ No	
_		☐ No Comment	
		Instructor:	
_	Chairperson		
UNIVERSITY	COMMITTEE DECISION	_	
☐ Approved	Date:	Recommended?	
☐ Denied	Date.	☐ Yes	
Comments:		□ No	
		□ No Comment	
		Department Representative:	
		(when Instructor is unavailable)	

Chairperson