

**PETITION FOR ADJUSTMENT OF CURRICULUM REQUIREMENTS  
ARIZONA STATE UNIVERSITY  
UNIVERSITY COLLEGE EXPLORATORY/UNDECLARED MAJOR**

Student Name (Last, First, M.I.)      ASU I.D. No.      Telephone Number      Date Prepared

Local Address (Number/Street/Apt)      City/State/Zip

Catalog Enrolled Under      Cumulative G.P.A..

Nature of request

- Amend General Studies     Use Previous Catalog     Repeat Course Third Time     Take ASU Correspondence Course  
 Waive Final Residency By Substitution     Pursue Second Baccalaureate Degree     Other (Specify Below)

Specific Request

Reason for Request:

Student Signature \_\_\_\_\_

It is recommended, though not required, that you obtain an advisor's signature. Student is responsible for form being delivered to UASB 129

Advisor Name (printed)      Advisor Name (signature)      (not required)

Advisor's Comments (not required):

Standards Committee Action

Approved     Denied     Deferred      Signature of Committee Chair      Date

Standards Committee Comments: