

Name: _____ Date: _____ UTC ID: _____

Undergraduate Student Petition

UTC Office of the University Registrar

125 University Center

Telephone: (423) 425-4416 Fax: (423) 425-2172

I. ADDITIONAL STUDENT INFORMATION

Program: _____ Catalog Year: _____ Expected Graduation Date: _____

Check all that apply: Graduation Candidate _____ Veteran _____ Athlete _____ None Apply _____

II. SUBJECT FOR PETITION (Refer to Guidelines on back):

- | | |
|---|---|
| a. <input type="checkbox"/> Excess Hours
(Include petition, proposed schedule, MyMocsDegree, and rationale) | e. <input type="checkbox"/> Exception to Last 24 Hr Residency Requirement
(Include petition, MyMocsDegree, course descriptions, and rationale) |
| b. <input type="checkbox"/> Substitution of Major Course
(Include petition and all course descriptions) | f. <input type="checkbox"/> Exception to 60/64 hour Residency Requirement
(Include petition, MyMocsDegree, course descriptions, and rationale) |
| c. <input type="checkbox"/> Substitution of Minor Course
(Include petition and all course descriptions) | g. <input type="checkbox"/> Exception Incomplete
(Must be completed by instructor) |
| d. <input type="checkbox"/> Waiver of Course
(Include petition, course description, MyMocsDegree, and rationale) | h. <input type="checkbox"/> Other: _____ |

III. EXPLANATION AND SUPPORTING INFORMATION: (Documentation required; see instructions)

I have taken _____ at _____
Department, Course #, and Section

and would like to substitute this course for UTC's course _____
Department, Course #, and Section

Substitution will also satisfy General Education Requirements if course has been designated as a General Education requirement by Program Department and the course is an approved General Education Course.

I hereby release personal education records for the use of members of the Petitions Committee, which includes faculty, administrators and students.

Student Signature: _____ Date: _____

IV. SIGNATURES:

I have reviewed the petition for the above student in making my decision

	CHECK ONE		
_____ Advisor	<input type="checkbox"/> Approve	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disapprove
_____ Department Head: Student's Program Field	<input type="checkbox"/> Approve	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disapprove
_____ Department Head of Relevant Area (if different from program department head - See Guideline #3)	<input type="checkbox"/> Approve	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disapprove
_____ Dean or Designee of Major	<input type="checkbox"/> Approve	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disapprove
_____ Dean or Designee of Minor	<input type="checkbox"/> Approve	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disapprove

Comments _____

V. SIGNATURE FOR PART I (g): Extension of Incomplete (must be completed by instructor - See Guideline #4)

I support an extension of the "Incomplete" in my course for this student. It is my recommendation that the student be given until _____ to complete the remaining coursework. The final grade is due in the Office of Records no later than one week after the extended completion date.

Course Department and Number

Instructor's Signature

Date

FOR OFFICE USE ONLY

Action Taken: ☐ Approved ☐ Denied Comments: _____

Committee Chairperson or Designee Signature

Date

See reverse →