

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

Please use one form per request. Type your information below and print form:

Student Name (Last, First, M.I.)	ASU I.D. No.	Date Prepared
Local Address (Number/Street/Apt.)		City/State/Zip
Catalog Enrolled Under	Cumulative G.P.A.	Telephone (Local)
Nature of Adjustment (check only one)		
<input type="checkbox"/> Amend General Studies <input type="checkbox"/> Use Previous Catalog <input type="checkbox"/> Repeat Course Third Time <input type="checkbox"/> Other (Specify Below)		
Specific Request:		
Reason for Request: (If more space is needed, please continue on the back of this page.)		
Please indicate which semester you would like to repeat the course above: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
Please indicate which campus you will repeat this course at: <input type="checkbox"/> Tempe <input type="checkbox"/> Downtown <input type="checkbox"/> West <input type="checkbox"/> Polytechnic		
Student Signature:		

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

Recommendation of Advisor		
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> No Recommendation		
Advisor Name (printed):	Advisor Name (signature):	
Advisor's Comments:		
Standards Committee Action		Signature of Committee Chair:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Deferred		Date
Standards Committee Comments:		