DEGREE PROGRAM EXCEPTION APPROVAL PETITION

LIN: _______________  Name: ____________________  College: _______________

Major: _______________  Lehigh Email: ________  Expected Graduation Date: __________

After reviewing my degree audit report with my advisor, I respectfully petition for:

- [ ] Course Substitution
- [ ] Course Waiver
- [ ] Acceptance of Major Electives/Approved Electives
- [ ] Other

Course being waived or substituted for: ________________

Course(s) being used: ________________  ________________  ________________

Reason for requesting this petition:

Student’s Signature: ___________________________  Date: __________

Advisor’s comments and recommendations:

Advisor’s Signature: ___________________________  Date: __________

Department Chair comments and recommendation:

Department Chair’s Signature: ___________________________  Date: __________

Associate Dean’s Approval:

Associate Dean’s Signature: ___________________________  Date: __________