

Registration & Academic Services

Alumni Memorial Bldg, 27 Memorial Drive West Bethlehem, PA 18015-3090 Phone: 610.758.3200 Web: ras.lehigh.edu Fax: 610.758.3198 Email: ras@lehigh.edu

DEGREE PROGRAM EXCEPTION APPROVAL PETITION

LIN:	Name:	College:
Major:	Lehigh Email:	_ Expected Graduation Date:
After reviewing my degree	audit report with my advisor, I	l respectfully petition for:
	Course Waiver Acceptance of Major El	lectives/Approved Electives
Course being waived or sul	ostituted for:	
Course(s) being used:		
Reason for requesting this	petition:	
_		Date:
Advisor's comments and re	ecommendations:	
Advisor's Signature:		Date:
Department Chair commer	nts and recommendation:	
Department Chair's Signate	ure:	Date:
Associate Dean's Approval	:	
Associate Dean's Signature	:	Date: