



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: _____
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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: _____