

Registration & Academic Services

Alumni Memorial Bldg, 27 Memorial Drive West Bethlehem, PA 18015-3090

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DEGREE PROGRAM EXCEPTION APPROVAL PETITION

LIN:	Name:	College:	
Major:	Expected Graduation Date:		
After reviewing my degree	audit report with my advisor, I res	pectfully petition for:	
		ives/Approved Electives	
Course being waived or su	abstituted for:		
Course(s) being used:			
Reason for requesting this	petition:		
		Date:	
Advisor's comments and 1	recommendations:		
Advisor's Signature:		Date:	
Department Chair comme	ents and recommendation:		
Department Chair's Signa	ture:	Date:	
Associate Dean's Approva	al (for college-wide requirements):		
Associate Dean's Signatur	e:	Date:	