

1200 Kenwood Avenue, OneStop Student Services, Duluth, MN 55811 218-723-6570/Fax: 218-733-2255

## PETITION FOR SUBSTITUTION OR EXCEPTION OF UNDERGRADUATE GRADUATION REQUIREMENTS

Last Name	ast Name First Name		-	Email Address		Student ID#
Local Mailing Address/CSS Box #						Local Phone Number
School: (check one)						
Arts and Letters Business and Technology Education Health Sciences Nursing Sciences						
Major/Minor	Ainor Credits Completed to			Date: Expected Terr		and year of graduation:
Academic Advisor	ſ					
This is a petition for substitution of, or exemption from: (check one)						
General Education Requirement College Graduation Requirement						
I am seeking a substitution for, or exemption from the following requirement:						
a uni seeming a substitution for, or exemption from the following requirement.						
Attach a separate sheet:						
1. Explain the extenuating circumstances that make it difficult for you to fulfill the requirement.						
2. Explain how you will meet the spirit of the requirement.						
Student Signature		Date				
Advisor/Department Recommendation:						
Approvala						
Approvals:						
Recommend Do Not Recommend						
Advisor Date						
For General Edu			For Colle	ge Requirer	nent Petitions:	
		Recommend				Recommend
Chair General Edu		Do Not Recommend	Departme	nt Chair of th	ne Maior	Do Not Recommend
Chan General Edd	louion		Departmen	int Chuir of u	ie wiejor	
Date			Date			
Date		Approve	Date			Approve
		] Deny				Deny
Vice President for	Academic Affairs		School De	ean		
Date			Date			

Timing of submission should allow for any recommended substitutions.