

STUDENT PETITION – DEPARTMENTAL REQUIREMENTS

SCHOOL OF COMMUNICATIONS AND THEATER

Department: _____

Name: _____ Date: _____

Address: _____

Phone Number: _____ TUID _____

Requirement, rule, regulation or prerequisite to which this petition applies. **NOTE: This petition does not apply to CORE and University requirements.** See an adviser in the SCAT Academic Advising Center (Room 300 Annenberg Hall) regarding these petitions.

Reasons for seeking waiver of this requirement. You may add additional pages if necessary. (State **specifically** how you have met this obligation in other ways, or why it should not apply to you. Attach any supporting materials, e.g. catalogue description.)

Student's Signature: _____ Date: _____

Your request is approved/denied.
Department response (if needed).

Chairperson's Signature: _____ Date: _____

Color key: white, Student's file, yellow, Dean's office, pink, Student copy