

ASU SCHOOL OF FILM, DANCE AND THEATRE - STANDARDS COMMITTEE PETITION

STUDENT NAME: _____ DATE: _____

ASU ID: _____ PHONE NUMBER: _____ E-MAIL: _____

MAJOR: _____ DEGREE: _____ CATALOG YEAR: _____

CURRENT GPA: _____ EXPECTED FINAL SEMESTER AT ASU: _____

CREDIT HOURS COMPLETED, TO DATE: _____

CREDIT HOURS FOR THE CURRENT SEMESTER: _____

STATE THE EXCEPTION BEING REQUESTED AND EXPLAIN THE REASON FOR THE PETITION IN DETAIL, ATTACH ANY SUPPORTING DOCUMENTS AS NEEDED:

(IF NOT A SoFDT MAJOR) NAME OF ADVISOR TO CONTACT FOR MORE INFORMATION:

ADVISOR'S NAME: _____ DEPARTMENT: _____

PHONE NUMBER: (_____) _____ - _____ E-MAIL: _____

REQUIRED SIGNATURES:

STUDENT: _____ DATE: _____

ADVISOR: _____ DATE: _____ APPROVE DISAPPROVE NEED MORE INFO

COMM: _____ DATE: _____ APPROVE DISAPPROVE NEED MORE INFO

COMM: _____ DATE: _____ APPROVE DISAPPROVE NEED MORE INFO

COMM: _____ DATE: _____ APPROVE DISAPPROVE NEED MORE INFO

ACTION TAKEN:

THIS PETITION HAS BEEN: APPROVED DISAPPROVED RETURNED FOR MORE INFO

DIRECTOR OF UNDERGRADUATE STUDIES SIGNATURE: _____

DATE: _____