PETITION WEITZENHOFFER FAMILY COLLEGE OF FINE ARTS

Name:		ID#:	
Local Address: (include cit	ty & zip)		
		Phone:	
E-Mail:			
Major:	F	aculty Advisor:	
 Made. Your faculty advisor munobtained before you suth After the petition has be approval. The Dean's Office will to student. 	ust be aware of and concur ubmit this petition to the schooleen approved or denied by	with the need for this request tool of your major. Your school, it will be forwar e decision and the appropri	e requesting an exception be t. His/Her signature must be rded to the Dean's Office for ate action to be taken by the
		D .	
Advisor Comment:	ture:		
	Approve/Deny	Signature	Date
Calcad/D'acatan	Approve Delly	Signature	Dute
School/Director Dean's Office			