

**GENERAL PETITION**

**OFFICE OF THE REGISTRAR**

AURORA UNIVERSITY

630-844-5462

Fax 630-844-5463

NAME \_\_\_\_\_

\_\_\_\_\_ Course Substitution/  
Waiver in Major

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

\_\_\_\_\_ Course Substitution/  
General Ed. Requirements

STUDENT ID NUMBER \_\_\_\_\_

\_\_\_\_\_ University Policy Exemption

AURORA UNIVERSITY E-MAIL \_\_\_\_\_

\_\_\_\_\_ Other

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ HOME PHONE (\_\_\_\_\_) \_\_\_\_\_

Statement of Request:

\_\_\_\_\_ Student Signature Date

Statement from Advisor/Program Chair:

\_\_\_\_\_ Advisor Signature Date

**ACTION**

	INITIAL	DATE	APPROVED	DENIED
Program Chair				
Academic Dean				
Registrar				
Recorded				

OFFICE USE

Advisor \_\_\_\_\_