

GENERAL PETITION

OFFICE OF THE REGISTRAR

ATTN: Ellen J. Goldberg, Registrar
AURORA UNIVERSITY
IL 60506-4892
630-844-5460 Fax 630-844-5463

NAME _____

_____ Course Substitution/
Waiver in Major

STREET _____

_____ Exemption/Divisional

CITY, STATE, ZIP _____

_____ Exemption/Degree

STUDENT ID # _____ E-MAIL _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

Statement of Request:

Student Signature Date

Statement from Faculty Advisor/Program Chair:

Faculty Signature Date

ACTION

INITIAL	DATE	
		Approved-Program Chair For Course Substitution/Waiver
		Approved-Academic Dean
		Approved-Registrar
		Disallowed
		Recorded

White: Permanent File
Yellow: Student
Pink: Advisor
03/04