UNIVERSITY OF WASHINGTON

GRADUATION PETITION

GRADUATION AND ACADEMIC RECORDS OFFICE
264 SCHMITZ, BOX 355850

Please attach a current DARS report to this form

For use when requesting a waiver of any departmental, college, or University graduation requirement.

To the student: Fill in this section of the petition and return it to your adviser for departmental action. **(Please print clearly)**

Name (Last) (First) (M.I.)

Student Number

Email Address

Has your application for degree been submitted to the Graduation and Academic Records Office?

☐ Yes ☐ No

GRADUATION ACTION COMMITTEE
COLLEGE GRADUATION COMMITTEE

Final: ☐ **Approval** ☐ **Denial**

Recommendation: ☐ **Approval** ☐ **Denial** ☐ **No recommendation**

For the Committee: (Signature) (Date)

GRADUATION ACTION COMMITTEE
SUBCOMMITTEE ON ADMISSIONS AND GRADUATION

Final action on recommendation: ☐ **Approval** ☐ **Denial**

For the Committee: (Signature) (Date)

STUDENT REQUEST

What are you requesting?

Explain briefly the reasons for your request:

DEPARTMENTAL RECOMMENDATION

Student's Major Department:

Departmental Recommendation: ☐ **Approval** ☐ **Denial** ☐ **No Recommendation**

Comments:

For the Department: (Signature) (Date)

FOR OFFICE USE ONLY

☐ Posted to Student's Transcript ☐ DARS Exception posted ☐ Copy to Adviser

UoW 1683 (5/04)

WHITE-Registrar, CANARY-Department, PINK-College (if required)