

Office of the Registrar - Lehigh University

Degree Program Exception Approval Petition

College: _____ Date: _____

Major: _____ Student Name: _____

Class: _____ LIN # _____

After reviewing my degree audit report with my advisor, I respectfully petition for:

- _____ Course Substitution
- _____ Course Waiver
- _____ Acceptance of Major Electives/Approved Electives
- _____ Other

Course being waived or substituted for: _____

Course(s) being used: _____

Reason for requesting this petition:

Student's Signature _____

Please review your request with your advisor and secure comments, recommendations, and signatures from your advisor and the department chair/advising coordinator.

Advisor's comments and recommendations:

Advisor's Signature _____

Department Chair/Advising Coordinator's comments and recommendation:

Dept. Chair/Advising Coordinator signature _____