

**J. William Fulbright
College of Arts & Sciences
GENERAL PETITION**

INSTRUCTIONS:

1. Please complete sections A, B and C.
2. Please obtain your advisor's recommendation.
3. Either mail or bring the petition to the Office of Student Affairs, 525 Old Main, University of Arkansas, Fayetteville, AR 72701
4. Your petition will be reviewed by the Assistant Dean.
5. The results of your petition will be e-mailed to you.

A. GENERAL STUDENT INFORMATION

_____		_____	
STUDENT'S NAME		ID #	
_____		_____	
STREET ADDRESS		PHONE #	
_____		_____	
CSZ		E-MAIL	
_____	_____	_____	
MAJOR	CATALOG YEAR USED	EXPECTED GRAD DATE	
_____	_____	_____	
SEMESTER GPA	CUM GPA	CUM HRS	HRS CURRENTLY ENROLLED

B. From which College policy or requirement are you requesting exemption?

C. Explain the specific justification for the exemption you seek: _____

STUDENT'S SIGNATURE

DATE

D. Advisor's Recommendation: _____

ADVISOR'S SIGNATURE

DATE

E. Committee Recommendation: _____

F. Dean's Action: _____

ASSISTANT DEAN'S SIGNATURE

DATE