

Office of the Registrar - Lehigh University
Degree Program Exception Approval Petition

Student Name: _____ LIN: _____

College: _____ Major: _____ Class: _____

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 _____ Date _____

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

Advisor's comments and recommendations:

Advisor's Signature _____ Date _____

Department Chair comments and recommendation:

Department Chair's Signature _____ Date _____

Associate Dean's Approval (for college-wide requirements):

Associate Dean's Signature _____ Date _____
