Name WS	U ID	Date of 1	Birth
Phone College of Health	Professions Major _		_
Student Signature	Γ	Date	
	Interna	tional Student	VA
	WSU Em	ail	
and waiver of graduation requirements. Be specific. For graduation requirements, identify the actual require If applying for readmission, please indicate	ement for which you	request an exc	eption.
Fall Spring	•	ur 20	king crasses:
Part II: Justification Letter (One Page Maximum) Checklist: 1. Justification letter must be typed ar grammar. 2. Must include relevant information ab 3. If you cite medical, employment, or second the second transcripts of the second transcripts of the CHP Advector of the CHP Advect	oout what happened serious personal issus if you attended and vising Office.	and your plan to es, you <u>must</u> ir other school afto	o remedy any problems.
College Committee Decision	<u>Uni</u>	University Committee Decision	
APPROVE DENY	A	PPROVE	DENY

Guidelines for Completing Your Petition

Advising: Petition forms will not be presented to the committee unless you speak with a CHP advisor in Ahlberg Hall 402, and the advisor signs the form. This step is required to make sure you have been given proper guidance on the nature of your request, the contents of your justification letter and supporting documentation, and the possible ramifications if your request is granted. Please be aware that an advisor cannot guarantee any particular decision regarding your request; our office does not have the authority to approve or deny a petition.

Delivery: The petition form and your letter can be submitted to our office by mail, email, or in person. If you do not turn in your petition in person, please call the CHP Advising Office