PETITION FOR A CHANGE IN REQUIREMENTS FOR THE MAJOR

Name:		Expected Semester of Graduation:	
OSU Name.#:Phone Number:		Major:	
		Minor:	
advisor. If you	ur faculty advisor believes the c	requirements in your program, first confer with your faculty hange is advisable, this form should be completed and left ght to the College Office, Room 100 Ag Admin.	
Change(s) Re	quested (to waive or substitute)):	
Reasons for t	he request (This must be specifi	ic and well thought out, or the petition will be returned):	
 Date:	Printed Name	Signature:	
FACULTY ADV	VISOR'S COMMENTS:		
 Date:	Printed Name	Signature:	
DEPARTMEN	T CHAIR'S OR CURRICULUM CH	AIR'S COMMENTS:	
 Date:	Printed Name	Signature:	
ACTION:			
 Date:	Signa	eture:	