



PETITION FOR A CHANGE IN REQUIREMENTS FOR THE CFAES GLOBAL OPTION

Name:		Expected Semester of Graduation:	
OSU Email Ad	dress (name.n):	Major:	
Phone Numbe	er:	Minor:	
advisor. If you	ting a waiver or substitution of requ Ir faculty advisor believes the change for approval before being brought to	e is advisable, this form	should be completed and left
Requested su	bstitution:		
	ne request (This must be specific and ormation if needed.):	l well thought out, or th	e petition will be returned. Attach
Date: ADVISOR COM	Printed Name MMENTS:	Signature: _	
Date:	Printed Name	Signature:	
For office use	Submit to <u>shuman.29@osu.e</u> only ABROAD ADVISORY COMMITTEE CO		Jitural Administration
Date:	Printed Name	Signature:	
ACTION:			
	Signature:		
		Assistant Dean, Academ	nic Affairs or Education Abroad Ma