

This petition is for (please mark all that apply) Fall Spring Summer, 20_____

Petition to Waive Charges for Exceeding 30/45 SCH above the Degree Requirements

Students who have reached the excess 30/45-credit limitation due to extenuating circumstances beyond their control and are near degree completion may petition to have the additional charges waived. **Documentation of those circumstances must accompany this petition, including a copy of transcript showing grades for all courses attempted.** Please write clearly and legibly.

COMPLETED BY STUDENT:

Name of Student _____ myUTSA ID _____
Last Name First Name Middle Initial

Mailing Address: _____

Phone Number: _____ Email Address: _____

If changed major what was the original major: _____ Current major: _____ Minor: _____

PROJECTED ENROLLMENT

Semester	Year	Student intends to enroll in SCH
Fall Spring Summer		
Fall Spring Summer		
Fall Spring Summer		

I request that the University waive the additional charges for exceeding 30/45 SCH above those required for completion of my degree program. Attached are statements justifying this request and supporting documentation. **Petitions with insufficient explanation and justifications will be denied.**

Signature of Student _____ Date _____

COMPLETED BY ACADEMIC ADVISOR:

First enrollment as an undergraduate student in a Texas public institution: Semester _____ Year _____

Total SCH attempted: _____ Total SCH successfully completed (with passing grades) _____

Academic Performance in the last four semesters

Semester/Institution	Attempted SCH	SCH Completed Successfully	Semester GPA
Fall Spg Summ/			
Fall Spg Summ /			
Fall Spg Summ /			
Fall Spg Summ /			

How many hours of technical credit does the student have? _____

A degree audit highlighting the remaining courses in the degree program(s) must be attached.

Remaining SCH for the graduation in the current major _____ Overall GPA _____

Projected Graduation Semester: Fall Spring Summer Year: _____ UTSA GPA _____

Reviewed by: (Please Print) _____ Student has technical credit. Yes No

Signature of Advisor _____ Date _____

Approved for a maximum of _____SCH through the _____semester 201__ to complete the degree. NO future petitions will be considered.

Disapproved with option to re-petition when within 30 SCH of degree.

Disapproved NO future petitions will be considered.

Signature of Dean of University College or Associate Vice Provost _____ Date _____

Distribution: Student Advisor University College AVPFA

January 2014

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