

OFFICE OF THE REGISTRAR

Registrar@baylor.edu Phone (254) 710-1181 To facilitate processing, please fill and sign this form DIGITALLY.

(Please do not print/scan.)

Undergraduate Degree Audit Petition

(Dean's Office Only Form)

School/College:	Adviso	or:	.T	FIRST/PREFERRED	
Name:				te:	
Baylor ID:	Expected Graduation Term:				
Email:		Phone:			
Degree:	Major:	Concentration: R CODE - MAX 4 CHAR. CONC. CODE - MAX 4 CHAR.			
Briefly state your petition:					
Advisor/Dept Support – STUDENTS DO NOT WRITE BELOW THIS LINE					
I support this petition			I support this petition		
I do not support this petition			☐ I do not support this petition		
Signature:	Signature:				
Please use Adobe Digital Signature – DO NOT check "lock" so that others can fill/sign as needed.					
Please make the following changes to the student's degree audit – DEAN'S OFFICE USE ONLY					
COMMON MODIFICATIONS					
Course Substitution(s)	: Sub(s)		Required Course(s)	Related hr. adjustments	
Use new line for each sub or					
multi-course sub. Specify level(s) for hr. adjustment	ts				
(req, subreq, etc.).					
Allow upper-level transfer after 90 hr. Course(s):					
Allow concurrent enro	ollment Term:			Transfer Hrs.:	
SPECIAL MODIFICATIONS					
☐ Waive Course/Requirement: Ct./Hrs.				Ct./Hrs.	
Requirement Modification(s) or Other Academic Adjustment(s):					
REASON FOR CHANGES:					
(required for special mod)					
Approved Not Approved Dean/Authorized Signature:					
Please use Adobe Digital Signature – DO NOT check "lock" unless you are sure you are finished.					