STANDARDS COMMITTEE PETITION

Petitions must be typed and emailed to sfisadvising@asu.edu or submitted in person to Judith Weeks in Interdisciplinary B 366.

Instructions:
If you are unsure what to enter for any category, consult an advisor by emailing: sfisadvising@asu.edu.

Pursue concurrent degrees
Attach a curriculum plan outlining the sequence in which you will complete all remaining requirements for both majors. This plan is an acknowledgement that you have reviewed the requirements for both programs and have an understanding of the amount of work necessary to complete both and a general timeframe. The School for the Future of Innovation in Society will review this plan, but makes no guarantee to its accuracy. Concurrent degrees must be formally approved by both academic units.

Enroll in a course for the third time
Answer the following questions on page 3:
- Why do you need to repeat this course?
- Why were you unsuccessful in your first and second attempts?
- What will you do differently in your third attempt to ensure success?

Request to repeat a course in which you received a ‘C’ or higher
Answer the following questions on page 3:
Why do you need to repeat this course?
What will you do differently in your second attempt to ensure success?

Request a credit overload
Include the following information on page 3:
- Why do you need to take all these courses during this semester?
- What will you do to ensure success if the overload is approved?

Use a course to fulfill a General Studies Requirement
Please print the appropriate General Studies Checklist https://provost.asu.edu/curriculum-development/gsc/designation-request-forms and fill it out, citing specific examples from the syllabus. It is highly recommend that the instructor assist in this endeavor.

Grade Appeal
Please read the University Policy for Student Appeal Procedures on Grades: https://catalog.asu.edu/appeal. This Petition is “Step B”: of the “Informal” process described within the above policy. Be sure to include all documentation related to this request. Be specific and thorough. Your petition will be shared with the professor of the course so they may respond to your statements.

Other
Be specific in your request and include as much detail as possible.

You will be notified of the petition results at your ASU email address, even if you listed a different email address on the petition form. If the petition requires university-level review, you will be notified by USPS mail. Notifications are sent to your mailing address on file. Make sure you have updated My ASU with correct contact information.
**Directions:**

1. Fully complete the form below (Petitions must be typed)
2. Concisely explain the reason for your request, give all pertinent information.
3. Attach any necessary supporting documents (i.e., general studies check-sheets, course syllabi, etc.)
4. Include a copy of your DARS audit & Unofficial Transcript.
5. Sign and date in the appropriate area.

<table>
<thead>
<tr>
<th>Name (Last, First, Middle):</th>
<th>ASU ID number (10 digits, located on your Suncard):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address, City, State, Zip Code:</td>
<td>ASU email:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College: School for the Future of Innovation in Society</th>
<th>Degree:</th>
<th>Current Major:</th>
<th>Campus of your major:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Choose One)</td>
<td></td>
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<tr>
<th>Total ASU Hours Completed:</th>
<th>Current ASU GPA:</th>
<th>Currently Enrolled Hours (ASU):</th>
<th>Transfer Hours:</th>
<th>Catalog Year:</th>
<th>Anticipated Graduation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Choose One)</td>
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</table>

Describe the nature of your request (in 30 words or less): *(Space for a full, comprehensive statement has been provided on the)*

**COLLEGE SPECIFIC PETITIONS** *(Decisions are final at college/school level)*

- **☐** Pursue Concurrent Degrees
- **☐** Register for course overload.  
  **Semester:** *(Choose One)*  
  **Yr:**  
  **Total hours for overload:**
- **☐** Enroll in 500-level course for undergraduate credit.  
  **Semester:** *(Choose One)*  
  **Yr:**  
  **Course:**  
  **Prefix:**  
  **Number:**  
  **Title:**
- **☐** Other

**COLLEGE/UNIVERSITY PETITIONS** *(College/School level approval is final. If disapproved forward to University Standards Committee with comment for final decision.)*

*Note: For approved Third time petitions, follow the same process mentioned above and must be sent to USC for recording purposes.*

- **☐** Retain Catalog Year  
  **Enter Catalog year:**
- **☐** Enroll in course for third time.  
  **Course Prefix:**  
  **Number:**  
  **Title:**
  **Semester requesting to take for 3rd time:**  
  *(Choose One)*  
  **Campus:** *(Choose One)*
  **Course History:**
  **1st Attempt – Semester:** *(Choose One)*  
  **Yr:**  
  **Grade:**
  **2nd Attempt – Semester:** *(Choose One)*  
  **Yr:**  
  **Grade:**

Can another course be taken towards degree?  
- **☐** Yes  
- **☐** No  
  If so which course(s):

**UNIVERSITY PETITIONS** *(Received & reviewed by College/School, forward to University Standards Committee with comment)*

- **☐** Use course to fulfill the *(Choose One)* General Studies Requirement  
  **Course Prefix:**  
  **Number:**  
  **Title:**  
  **Is this a Transfer Course? Choose One**

**Required Documentation**

- **☐** Course Syllabus from the same semester & Instructor with whom you took the course.
- **☐** [ASU Criteria Check Sheet](#) (Filled out, signed and dated by the professor/Dept Chair/Chair Designee).

- **☐** Adjustment to the University Graduation Requirement:  
  - Minimum credit hours (120 total)
  - Minimum upper-division credit hours (45 total)
  - Cumulative 2.00 ASU GPA
  - Residency hours (30 min/56 min honors)

- **☐** Transfer credit:  
  - Acceptance of non-transferable credit
  - Adjustment of transfer GPA
  - Requirements for second baccalaureate

- **☐** Other
Concisely explain the reason for your request. Give all pertinent information.

Student Signature:  
Date:  /   /
### ADVISOR

Recommendation of Advisor *(Required; if no signature is available Academic Unit section MUST be completed):*

- [ ] Approve
- [ ] Deny
- [ ] Defer

**Comments:**

**Advisor Signature:**

**Date:** / /

### ACADEMIC UNIT

Recommendation of Academic unit *(Required if no advisor signature is available):*

- [ ] Approve
- [ ] Deny
- [ ] Defer

**Comments:**

**Authorized Signature:**

**Date:** / /

### COLLEGE/SCHOOL STANDARDS COMMITTEE

Recommendation of College/School Standards Committee *(Required):*

- [ ] Approve
- [ ] Deny
- [ ] Defer

**Comments:**

**Authorized Signature:**

**Date:** / /

**Dean’s Signature (if applicable):**

**Date:** / /

### UNIVERSITY STANDARDS COMMITTEE

University Standards Committee Decision

- [ ] Approve
- [ ] Deny
- [ ] Defer
- [ ] Withdraw

**Comments:**

**Authorized Signature:**

**Date:**