



PETITION FOR DEVIATION FROM MINOR REQUIREMENTS

\_\_\_\_\_ Date

\_\_\_\_\_ BroncoNumber

NAME \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
First Middle Initial Last

MAILING ADDRESS \_\_\_\_\_  
Street City State Zip

MAJOR \_\_\_\_\_

MINOR \_\_\_\_\_ CATALOG YEAR FOR MINOR: \_\_\_\_\_

I hereby petition to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Petition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deviation must not result in a lack of prerequisites for any future courses. The deviation may not change the number of units required for the minor.

\_\_\_\_\_ (Student's Signature)

Evaluator's Comments (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I (do, do not) recommend approval \_\_\_\_\_ Student's Minor Coordinator

I approve this request ( ) do not approve ( ) \_\_\_\_\_ Student's Minor Department Head

I approve this request ( ) do not approve ( ) \_\_\_\_\_ Student's Minor College Dean

This petition must be approved by the Associate Vice President, Undergraduate Studies.

I approve this request ( ) do not approve ( ) \_\_\_\_\_ AVP, Undergraduate Studies

**APPROVED PETITION MUST BE RETURNED TO THE REGISTRAR'S OFFICE  
IF PETITION IS NOT APPROVED, RETURN TO STUDENT**

**MAKE A COPY FOR YOUR RECORDS**