

PETITION TO RECEIVE THE BACHELOR OF SCIENCE DEGREE  
THE COLLEGE OF ARTS AND SCIENCES

NAME (PRINT) \_\_\_\_\_ SUID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ TERM \_\_\_\_\_

COLLEGE/SCHOOL \_\_\_\_\_ CLASS \_\_\_\_\_ DATE \_\_\_\_\_

Bachelor of Science Petition Instructions:

1. Obtain copy of unofficial transcript(s) and attach to Petition
2. Complete Section 1
3. Submit to Faculty Advisor & Department Chairperson for the completion of Section 2
4. Obtain all necessary signatures and return to 323 Hall of Languages

**SECTION 1**

I respectfully petition to receive a Bachelor of Science degree in (check only one):

- |   |  |
|---|--|
| <input type="checkbox"/> Applied Mathematics                  | <input type="checkbox"/> Earth Sciences    |
| <input type="checkbox"/> Biochemistry                         | <input type="checkbox"/> Economics         |
| <input type="checkbox"/> Biology                              | <input type="checkbox"/> Mathematics       |
| <input type="checkbox"/> Biotechnology                        | <input type="checkbox"/> Physics           |
| <input type="checkbox"/> Chemistry                            | <input type="checkbox"/> Psychology        |
| <input type="checkbox"/> Communication Sciences and Disorders | <input type="checkbox"/> Science Education |
|   | <input type="checkbox"/> Selected Studies  |

My expected degree date is \_\_\_\_\_

**SECTION 2** (choose one):

- I certify that the Bachelor of Science requirements in the above major are complete\*  
or  
 I certify that the Bachelor of Science requirements in the above major will be complete pending successful completion of the following courses/requirements\*:

*Please list the course(s) and/or requirements remaining in your department in the spaces provided on the right or attach a list on a separate sheet.*

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\*successful completion of the major also requires a 2.0 grade point average in the upper division courses applied to the major.

**Failure to obtain all requested information may result in a delay in degree certification.**

STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

ADVISOR \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT CHAIR \_\_\_\_\_ DATE \_\_\_\_\_

HOME COLLEGE DEAN \_\_\_\_\_ DATE \_\_\_\_\_