COLLEGE OF BUSINESS
PETITION FOR THE UNDERGRADUATE CURRICULUM COMMITTEE

NAME: ________________________________ DATE: __________________

Student ID Number: ____________________ Phone: ___________________

Local Address: _________________________ Email: ___________________

______________________________
______________________________

Through its written materials and degree audit system, the University of Rhode Island provides students with accurate information concerning program requirements. The responsibility for meeting all course and credit requirements for the degree rests with each individual student. Student seeking exceptions to courses of study or to other degree requirements or academic rules should:

1. Complete this form
2. Get appropriate signatures on every document submitted including your typed statement (see 3 below).
3. Attach a TYPED statement explaining your petition clearly stating:
   a. the exact waiver, exception, substitution or action you wish to have the Committee consider.
   b. The justification for this change. Attach any supporting documentation.
4. Signatures required will differ depending upon your request:
   a. If you are petitioning for a substitution or waiver of a requirement in the College of Business Administration, seek support from the area coordinator of that course.

   **Major**         **Area Coordinators/Chair**
   Accounting, Business Law & Information Systems  Alex Hazera
   Entrepreneurship Management & General Business  Elizabeth Cooper
   Finance & Decision Science  Bing-Xuan Lin
   Marketing  Hillary Leonard
   Supply Chain Management  Dara Schniederjans
   Textiles, Fashion Merchandising and Design  Susan Hannel

   b. If you are petitioning for a late drop, seek support from the instructor of the class.
   c. If you are petitioning to substitute or waive a general education requirement, you must get signatures from both the chair of the department in which the course is being taught and from the area coordinator for your major.

5. Submit form to Dean’s office for review by Undergraduate Curriculum Committee.

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Make sure that you get appropriate signatures for your request on each document before submitting to the Scholastic Standing Committee.

**CBA Area Coordinator’s Signature:** ___________________________ Date: _______
I support the request ______ I do not support the request ______ I abstain ______

Explanation of supporting or not supporting the petition:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Instructor’s Signature:** ___________________________ Date: _______
I support the request ______ I do not support the request ______ I abstain ______

Explanation of supporting or not supporting the petition:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Dept. Chair’s (if TMD) Signature:** ___________________________ Date: _______
I support the request ______ I do not support the request ______ I abstain ______

Explanation of supporting or not supporting the petition:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Committee Action:** Approve ______ Not Approve ______
Explanation:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Associate Dean:** ___________________________ Date: _______________________

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