

BUTLER UNIVERSITY • JORDAN COLLEGE OF THE ARTS

PETITION FOR CURRICULUM EXEMPTION

Name: _____ ID #: _____

Advisor: _____ Date: _____

SUBJECT OF PETITION (Please type)

Please submit this form to your department chair for approval.

Department Chair: _____ Date: _____

Associate Dean: _____ Date: _____

Copies: ☐ Student ☐ Adviser ☐ Registrar

Original: ☐ Permanent File

Rev: 10/99 Rev: 8/13 Rev: 11/18