Petition

Department of Mathematics, University of Idaho

Date: _____ /_____ / _____

Student Name: _____ **Advisor:** _____

Student ID: _____ **Catalog Year:** _____

Student Email: _____ **Student Phone:** _____

Major: _____ **Degree:** _____

Minor: _____

Petition: _____

_____

_____

_____

_____

_____

_____

_____

_____

☐ ***Check this box to verify that you have attached an unofficial copy of your transcript to this form.***

Petition Committee's Action:

_____ __/__/__ _____ __/__/__

Petition Committee Member **Date** **Math Department Chair** **Date**