UNDERGRADUATE PETITION TO TAKE FINAL HOURS OFF CAMPUS

University of Central Missouri - Office of the Registrar & Student Records Ward Edwards, Suite 1000; (660) 543-4914; FAX (660) 543-8400 registrar@ucmo.edu; www.ucmo.edu/registrar

Per the undergraduate UCM residence policy (available at https://www.ucmo.edu/currentstudents/office-of-the-registrar-and-student-records/catalogs/index.php) students must complete the last 12 hours of their degree at UCM. Exceptions to this policy may be approved only by the Registrar's Office. Course work that is required by majors/minors will need departmental approval.

Name:				
Student Number: 700_				_
Phone: ()				-
E-mail:	@ucmo.edu			
Graduation Semester (circle	anale Corina	Summer	Fall	Year: 201
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Semester you plan to take course(s) above (circle one):				
Spring	Summer	Fall	Year: 201	
Please describe why you are unable to take the class(es) at UCM: (For example –the time of the course at UCM conflicts with another required course. If you have documentation to support your petition, please attach.)				
transcript is so 64093. Faxed	ent to the UCM admi	ssions office at Wa ipts are acceptable	available and request an official rd Edwards 1400, Warrensburg, MO and can expedite the process, but must	
UCM must hav deadlines:	ve your official transcr	ipt processed by the	following dates to meet graduation	
For summer g	nduation — the last wo raduation — the last w ation — by January 15	orking day of Augu	st king day prior to the 15 th if it is on a	
			negotiable and it is my responsibility to n my grades in time for graduation	
Signature			Date	