

Request for Adjustment of Academic Requirement (RAAR)

				Date:	
				RedID:	
				Primary Major:	
				Secondary Major	:
Last	First	Middle/Ma	aiden	Minor:	
				Phone: (_)
Street Address				Email:	
City	State	ZIP Code	Country	Expected Gradua	tion Date:
,			,	Have you applied	yet? □ Yes □ No
READ AND FOLLOW DIE	RECTIONS CAREFU	JLLY			
n adjustment unless you equirement per term. ubmit this petition, alon					RAAR may be submitted p g Center, SSW 1551.
Attach the supporting do	ocumentation:				
. Syllabus from course ir			3. Copy of departs	mental advising she	et (or master plan)
. Copy of your evaluatio	9				. If the request is approved
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