



**PETITION  
 UNDERGRADUATE COURSE CREDIT/TO GRADUATE COURSE CREDIT  
 OFFICE OF GRADUATE STUDIES  
 VALPARAISO UNIVERSITY**

DEGREE: \_\_\_\_\_ CONCENTRTATION: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_

1. NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN NAME

2. PRESENT ADDRESS: \_\_\_\_\_  
NUMBER AND STREET CITY, STATE, ZIP

3. HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ SEMESTER REQUESTED: \_\_\_\_\_

<b>Course being petitioned for change:</b>		<i>From</i>	
Department: _____	Course Number/ Section: _____	Title _____	Credits _____
<b>To</b>			
Department: _____	Course Number/ Section: _____	Title _____	Credits _____
Instructor _____ <small>Please Print</small>	Instructor Signature _____		

Request: \_\_\_\_\_

Rationale for request including additional coursework submitted to meet graduate level requirement: \_\_\_\_\_

Please attach additional sheets if more room is necessary.

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied