## **Petition**

## Request for exemption of required articulation course

(please complete a separate petition for each request)

Student Name		UFID	
Graduate Program	Applied Science	AOM	
Level	MS-Thesis	MS Non-Thesis	PhD
Graduate Area of Resea	rch/Specialization		
Course Name		Course Number	
Please provide a detaile considered by the ABE C		why this exemption of the a	rticulation course should be
Name, Supervisory Com	mittee Chair	Signature	Date
Annroyed Graduate Co.	mmittee Renresentative	Annroved Denarth	nent Chair Date

Submit your petition to Robin Snyder for review by the ABE Graduate Committee.