

# Milgard School *of* Business

UNIVERSITY OF WASHINGTON TACOMA

## PROGRAM PETITION

Student Name: \_\_\_\_\_

Student #: \_\_\_\_\_

Date: \_\_\_\_\_

UW e-mail: \_\_\_\_\_

**STATE YOUR REQUEST:**

**BRIEFLY EXPLAIN THE REASONS FOR YOUR REQUEST:**

(May use the back or an attachment if needed.)

**SIGNATURE:** \_\_\_\_\_

Complete and submit to a Business Adviser in the Business Office, Dougan 401.

Departmental Recommendation:  Approved  Not Approved

Comments:

Signature: \_\_\_\_\_