

Requirement Petition for College of Sciences Distinction in Research

☐Mr. or ☐Ms			my 0 15A		
Last ddress:		First	Middle		
			City	State	Zip
one:	E-mail:			_ Catalog of Graduation	:
gree: Ma	ajor(s):			Minor(s):	
pected Graduation Date:			_		
IIS PETITION APPLIES					
llege of Sciences Distinction mesters of Honors Research				; Major GPA of 3.0	or higher; Two
Other	Specify				
pplicable, list the informa	ation about the IN	DSTDY or Labora	atory Research cours	se that you want	considered:
urse Discipline:C	ourse Number:	Course credit hours	s:Course Title:		
eck and complete one	of the following:				
☐ Institution course co	ompleted at		with a grade of	in	(Term/Year).
NOT yet completed	but will be at		(institution) in	(Torm/Voor)	
dents must indicate their re	asons for the waiver. C	Course syllabus must b	e attached if applicable.		
	asons for the waiver. C	Course syllabus must b	pe attached if applicable.		
gnature of Student		·			
gnature of Student	This Se	ection Completed By (Date	oval because:	
eck one) Recommend Appr	This Se	ection Completed By (Date COS Program Manager	roval because:	
	This Se	ection Completed By (Date COS Program Manager		
nature of Student eck one) Recommend Appr Signature of COS Staff Member mplete IF NEEDED: Approve Disapprove	This Se	rove or Disapprove Printed Name	Date COS Program Manager	Date	
nature of Student eck one) Recommend Appr Signature of COS Staff Member mplete IF NEEDED: Approve Disapprove	This Second or □ Neither App	rove or Disapprove Printed Name	Date COS Program Manager or Recommend Disappr	Date	
eck one)	This Second	ection Completed By (rove or Disapprove of Printed Name	Date COS Program Manager or Recommend Disapprograture: OS Associate Dean	Date	
gnature of Student Recommend Appr Signature of COS Staff Member Signature of COS Staff Member Disapprove Disapprove Disapprove	This Second ☐ Appro	Printed Name Signature Completed By Coved with conditions belowed	Date COS Program Manager Or Recommend Disappring anature: OS Associate Dean ON:	Date Date:	
gnature of Student Recommend Appr Signature of COS Staff Member Complete IF NEEDED: Approve Disapprove Disapprove	This Second or	Printed Name Signature Completed By Coved with conditions belowed	Date COS Program Manager Or Recommend Disappring anature: OS Associate Dean ON:	Date Date:	

Privacy Notice: With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et sea. of the Texas Government Code) and rules. Different types of information are kent for different periods of time.