

**West Texas A&M University
OFFICE OF THE REGISTRAR
30/45 HOUR PETITION**

For Waiver of University Regulations

WTAMU Box 60877 Canyon, Texas 79016-0001 806-651-4911 FAX 806-651-4949

Incomplete forms will not be reviewed!

Student Full Name (last, first)	WTID
Address	Class Level
	Major
Email _____@buffs.wtamu.edu	Phone
Are you on Financial Aid? Yes No Are you receiving Veteran's Benefits? Yes No Are you an athlete? Yes No	
Explain why you are over the attempted 150 hours and include when you will graduate. Include all information you would like to be considered in the decision to approve the petition to override the 30/45 tuition rate.	

Signature of Student

Date

Registrar's Recommendation

Petition (circle one): Approved Denied Deferred Referred

Signature of Registrar

Date