



Academic Petition for an Exception to Academic Policy

Name _____ Date _____

Local Address _____ Phone _____

Student ID _____ E-Mail _____

Major _____ Class Standing: FR SO JR SR GRAD

GPA _____ Current Hours Enrolled _____

Request: *(If petitioning to register for a course, the CRN is required.)* _____

Justification: _____

The information above is to the best of my knowledge accurate and complete. I understand that purposeful falsification is a Values violation.

Student Signature _____

Please obtain signatures in the order presented below. Your advisor will inform you if additional signatures are or are not required for this particular petition.

The instructor's signature is required when a specific course request like a late add or drop or class withdrawal is the subject of this petition.

			Signature	Date
Advisor (<i>print name</i>) _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Not Recommend	_____	_____
Instructor (<i>print name</i>) _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Not Recommend	_____	_____
Dept. Chair (<i>print name</i>) _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Not Recommend	_____	_____
Other (<i>print name</i>) _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Not Recommend	_____	_____
College Dean (<i>print name</i>) _____	<input type="checkbox"/> Recommend	<input type="checkbox"/> Not Recommend	_____	_____

Office of the Registrar: Processed by: _____ Date _____