

# ACADEMIC PETITION

PETITION DATE: \_\_\_\_\_

Student Athlete (Check): Yes \_\_\_ or No \_\_\_

*Med WD and Late Add/Registration must be filed during the semester of the action.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Academic Unit (Select One): CPCS \_\_\_ A&S \_\_\_ BUS \_\_\_ EDU \_\_\_ GS \_\_\_ HON \_\_\_ IAPS \_\_\_ CNPH \_\_\_ SWK \_\_\_

Check **one** Requested Action and attach **ALL** Required Documentation:

REQUESTED ACTION	REQUIRED DOCUMENTATION
<input type="checkbox"/> Late Add/Late Registration <input type="checkbox"/> Late Drop <input type="checkbox"/> Late Withdrawal from Class	<input type="checkbox"/> Written Statement from Student <input type="checkbox"/> Action Request or Registration Form <input type="checkbox"/> Attendance Records from Professor(s)
<input type="checkbox"/> Late Withdrawal from University	<input type="checkbox"/> Written Statement from Student <input type="checkbox"/> Attendance Records from Professor(s)
<input type="checkbox"/> Medical Withdrawal (take no action)	*Refer student directly to Academic Services
<input type="checkbox"/> Late Change of Grade	<input type="checkbox"/> Written Statement from Student <input type="checkbox"/> Change of Grade Form <input type="checkbox"/> Explanation from Professor
<input type="checkbox"/> Change of Grade Option (P/F or Letter Grade)	<input type="checkbox"/> Written Statement from Student <input type="checkbox"/> Action Request
<input type="checkbox"/> Exception to Final 30 Credit In-Residence Policy	<input type="checkbox"/> Written Statement from Student <input type="checkbox"/> Request to Study at Another Inst. Form
<input type="checkbox"/> Overlapping Course	<input type="checkbox"/> Written Statement from Student <input type="checkbox"/> Action Request or Registration Form <input type="checkbox"/> Letter from Professor (must describe how and when class time will be made up)
<input type="checkbox"/> Other	

Dean's Recommendation: \_\_\_\_\_ APPROVE \_\_\_\_\_ DO NOT APPROVE

Dean's Reason for Approval or Non-Approval: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_

Please Print Name \_\_\_\_\_

Please Copy Petition For Your Records Before Sending to Academic Services

For OAS Use Only :

\_\_\_\_\_ Petition Screen \_\_\_\_\_ Action Screen \_\_\_\_\_ Date Processed/Sent to Cashier

OAS Notify (if Applicable): \_\_\_\_\_ Housing \_\_\_ Athletics \_\_\_ Int'l Student Svcs.

Updated February 2020