

Student Petition

First Name:		Last Name:		MS #:
Student ID#:	Class Level:	Major:		Date:

In one sentence please provide a clear statement of the exception to academic policy you are requesting:

Please provide the reasons you believe the exception to academic policy should be granted:

If student is requesting a late withdrawal, instructor MUST enter a "WP" or "WF" grade here _____ and sign below.

Granted: _____ Not Granted: _____ Date: _____
Registrar for Academic Senate Review Committee

Recommendation: (Please Check One Box)

Obtain only those signatures required for your particular request.

	Required Signatures	Student has been attending class since: _____	You may comment on reverse side, attach comments or e-mail comments to Registrar			
		<u>Signature</u>	<u>Date</u>	Recommend Approval	No Recommendation	Recommend Denial
✓	Advisor:	_____	_____			
	Instructor:	_____	_____			
	Department Chair:	_____	_____			
	Other:	_____	_____			

Action Taken: Granted _____ Not Granted _____

Action By: _____ Registrar _____ Review Committee _____ Registrar & Chair Review Committee