

Student Petition

Click to Print Petition

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

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 circle the following grade earned and initial: "WP" or "WF" _____

Granted: _____ Not Granted: _____ Date: _____

Registrar for Academic Senate Review Committee

Recommendation: (Please Check One Box)

Obtain only those signatures required for your particular request.

		Student has been attending class since: _____	You may comment on reverse side, attach comments or e-mail comments to Registrar		
<u>Required Signatures</u>	<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