

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:

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

Recommendation: (Please Check One Box)

Obtain only those signatures required for your particular request.

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

Action Taken: Granted _____ Not Granted _____
 Action By: _____ Registrar _____ Review Committee _____ Registrar & Chair Review Committee