

# 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

*Obtain only those signatures required for your particular request.*

Student has been attending class since: \_\_\_\_\_

	<b>Required Signatures</b>	<b>Signature</b>	<b>Name</b>	<b>Date</b>
√	Advisor:	_____	_____	_____
	Instructor:	_____	_____	_____
	Dept. Chair:	_____	_____	_____
	Other:	_____	_____	_____

**(Please Check One Box)**

*You may comment on reverse side, attach comments or e-mail comments to Registrar*

Recommend Approval	No Recommendation	Recommend Denial

Action Taken:      Granted \_\_\_\_\_      Not Granted \_\_\_\_\_

Action By:      \_\_\_\_\_ Registrar      \_\_\_\_\_ Review Committee      \_\_\_\_\_ Registrar & Chair Review Committee