

# 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.*

**(Please Check One Box)**

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

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

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