Student Petition Form

Name ____________________________ Date ______________________

E.Mail ____________________________ Student ID # __________________

Phone # ____________________________

When filling out this petition please explain the reasons that you are requesting this exemption in detail. Remember, no exceptions are granted until the completed petition form is received by the Registrar’s Office and fully reviewed by the Registrar and/or other designated school officials. Copies of the petition may be shared with your academic advisor, and any involved faculty or staff member. You will receive confirmation of the decision regarding your petition. If you are unhappy with the result of your petition you may appeal to the Academic Dean.

Policy Exemption Request: (Please state the exact policy for which you wish to receive an exemption)

(Please attach any supporting documentation: i.e., Medical Records, and use reverse side if additional space is needed. This appeal may have financial implications and does not release you of financial obligations to the university. Please see the Financial Aid office or Student Accounts for all financial inquiries.)

Student Signature ____________________________ Date ______________________

Registrar’s Office Use Only:

Received By & Date ______________________

Action: Approved Denied

By ____________________________ Date ______________________

Remarks: ____________________________

----------------------------------------

Academic Dean Use Only:

Received By & Date ______________________

Action: Approved Denied

By ____________________________ Date ______________________

Remarks: ____________________________