



SIENA HEIGHTS UNIVERSITY

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: _____
