

Petition Form

Return petition to the Office of Student Services 180 Statler Hall

| TO: Academic Petitions Committee | | |
|--|-----------------------------|--------------------------------|
| FROM: | Program: | DATE: |
| (Please Print) | <i>c</i> | |
| Student ID# | Expected Gradu | uation Date: |
| Request for: (Term and Year): | - | |
| request for. (Term and Tear). | | |
| I wish to petition the Academic Petitions Com | nmittee to: | |
| | | |
| | | |
| _ | | |
| | | |
| | | |
| | | |
| | - | (Student Signature) |
| TO THE ADVISOR*: (please check one)I support this requ- | est please consider | I do not support this request. |
| | | |
| Advisor Printed Name *Advisor support | ort does not guarantee appr | Advisor Signature oval. |
| ACADEMIC PETIT | TONS COMMITTER | E RESULTS |
| | | |
| The Academic Petitions Committee has decide | ed to () approve (|) deny the above petition. |
| COMMENTS: | | |
| | | |
| | | |
| (Date) | | (Signature) |