

Download this form to complete electronically using Adobe Acrobat before printing to obtain signatures.

INSTRUCTIONS

1. This form is to be used by students for requests of exceptions to policy and academic regulation due to extenuating circumstances only. Examples include late course adds and drops, extension of time to complete the degree (graduate students only), extension of time to complete an incomplete (IN) grade, and curriculum modifications. It should not be used for transfer credit approval or withdrawal from the university as there are other forms for these actions.
2. Provide clear and concise statements for what is being requested along with rationale.
3. Please completely **fill out this petition electronically** in consultation with your advisor. After completing electronically, **print, sign**, and obtain the **required signatures** before submitting to the appropriate Dean's office.
4. Once a decision is made by the appropriate Dean and the action processed by the Registrar's Office, a copy of the form will be emailed to your university email.
5. Petitions not filled out completely or without all the appropriate signatures will not be considered by the Dean and will be returned to you.

Student Name: _____ Degree, Major(s): _____

Student ID #: @ _____ Cell Phone: _____ E-mail: _____

Enrollment Status (check one): Graduate Evening Undergraduate Day Undergraduate Certificate Non-Degree

Please be aware that if you drop below full-time status, it may affect your health insurance or financial aid eligibility.

If a course is involved, include course information below:

Course Number: _____ Title: _____ CRN: _____ Semester/ Year Taken: _____

Full statement of request (what you wish the university to consider or approve):

Reason(s) to support this request (provide supporting documents when necessary/applicable):

Signatures

Petitions submitted hand written or without required supporting signatures will be returned to the student.

Student Signature: _____ Date: _____

Academic Advisor: _____ Support Do Not Support

Comments (Required): _____

Advisor Name (please print): _____

Advisor Signature: _____ Date: _____

Instructor (if applicable): _____ Support Do Not Support

Comments (Required): _____

Instructor Name (please print): _____

Instructor Signature: _____ Date: _____

Honors Program Coordinator (if necessary): _____ Support Do Not Support

Comments (Required): _____

Honors Program Coordinator Name (please print): _____

Honors Program Coordinator Signature: _____ Date: _____

Department or Graduate Chair of Student's Major(s): _____ Support Do Not Support

Comments (Required): _____

Chair Name(s) (please print): _____

Chair Signature(s): _____ Date: _____

Academic Dean(s) of Student's Major(s): _____ Approve Do Not Approve

Comments (Required): _____

Academic Dean Signature(s): _____ Date: _____

Dean of Graduate & Continuing Education (if necessary): _____ Approve Do Not Approve

Comments (Required): _____

Dean Signature: _____ Date: _____