



PETITION FORM

Date: _____

*****A DARS Report must be attached to this petition*****

Student Name: _____ Student ID #: _____

Phone: (____) _____ Email: _____

Program/Major _____

I request the following exception(s) to college policy:

(Please explain your request in detail, including the course name, number, and credit amount.)

Reason, justification, extenuating circumstances:

(Please attach any necessary supporting documents i.e.: doctor's statement, course registration form, official publications, course syllabi, etc.)

Student: _____ Date: _____

(Signature)

PLEASE ROUTE IN ORDER TO: (Petition will not be accepted unless all signatures are obtained)

1) Faculty/Advisor: _____ Date: _____

2) Dean: _____ Date: _____

3) Registrar: _____ Date: _____

- FOR OFFICE USE ONLY -

Approved Not Approved Approved with conditions (explained below):

Date: _____

(Signature)