



Petition Form

An Audit 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):

Signature: _____ Date: _____