

I ILLINOIS MEDIA

ACADEMIC PETITION

Name _____ E-mail _____

UIN _____ Major _____ Advisor _____

INSTRUCTIONS TO THE STUDENT

Select the type of petition you are requesting. **Include** a complete explanation of your request and **attach** any required additional forms or supporting documentation. **Sign** the petition. **Submit** the form(s) and documentation to the Student Services Center in room 18 Gregory Hall.

TYPE OF PETITION

- LATE DROP of _____ (CRN _____, taken in semester _____) with instructor _____. **Attach** Late Course Change form. **Explain** why you could not have known of your deficiencies before the drop deadline and why this course was affected more than others. **Document** that you are ready to resume classes if you have been absent for an extended period of time. **Keep attending class until you receive a decision on this request. Your petition request should include any relevant documentation (ex. note from professor, doctor's note, etc.) explaining why you couldn't have known of your deficiencies before the drop deadline.**
- LATE REQUEST OF CREDIT/NO CREDIT for _____ (CRN _____, taken in semester _____). **Attach** Credit/No Credit form. **Explain** why you could not request the Credit/No Credit option before the established deadline.
- COURSE SUBSTITUTION to count _____ (CRN _____, taken in semester _____) for _____. **Attach** syllabus of proposed class. **Explain** why course is equivalent and why you do not have time to take required course.
- COURSE RESTRICTION WAIVER for _____ (CRN _____, taken in semester _____). **Attach** instructor endorsement. **Explain** why you need the class this semester and can do well considering that you: (check one or both)
- have not completed a pre-requisite are not enrolled in the necessary major
- CROSS-LISTED COURSE USAGE CHANGE. **Explain** why you want to use _____ (CRN _____, taken in semester _____) toward a different requirement (check one below).
- Electives outside the College of Media Area of Specialization Minor Other
- OTHER (please specify) _____

EXPLANATION AND ADDITIONAL DOCUMENTATION (please attach typed explanation of surrounding circumstances and why this is requested; if applicable, also attach additional documentation such as a health professional's evaluation or instructor's support of your request.)

I attest that the explanation I have provided and any supporting documentation I've attached is complete and accurate.

STUDENT SIGNATURE _____ Date _____

Faculty and Staff only below this line

ADVISOR evaluation of student's history (attach current DARS if necessary) _____

Initials and date _____

REVIEWER 1 complete (initials _____) REVIEWER 2 complete (initials _____)

FINAL REVIEWER evaluation _____ Entered into Portal

DECISION: Approved Denied Initials and date student notified _____ Processed by _____