ACADEMIC PETITION

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 ____________