Student Petitions Form

Please read this information carefully before completing the petition. If you do not receive written notification concerning the status of your petition within two weeks, you are responsible for ascertaining its status with Jason Clapp, Registrar, within the month.

Do not submit the form to the Registrar's Office until all of the following materials are complete and included.

This may include as applicable to your request:

- New registration forms with advisor's signature and faculty member's signature
- MD verification if illness is your extenuating circumstance
- Verification of extenuating circumstances that you should join/drop a class after the published deadline
- Evidence that you are capable of completing 5.0 or more course credits per term
- Other circumstances which justify your request.

Please state your request and give facts, evidence and reasons as to why your request should be granted on a separate sheet of paper.

Submit five copies plus the original, for a total of six copies, of your materials to the Registrar's Office.

Note: The committee is not concerned with financial matters.

Name ___________________________ ID# _____________ Telephone _____________

Email __________________________ Term in question __________________ Date ______________

Student Signature ___________________ Date ______________

Please indicate your request.

- ☐ Fifth course addition (Two copies only)
- ☐ Late course withdrawal
- ☐ Waiver of catalog requirements
- ☐ Late course addition
- ☐ Late change from letter grade to S/U
- ☐ Other, please state or explain

Advisor's Statement — Required

Advisor's Name ___________________________ Advisor's Signature ___________________________ Date ______________

Applicable Faculty Member's Statement:

Faculty Member/ Administrator's Name ___________________________ Faculty Member/ Administrator's Signature ___________________________ Date ______________

☐ Approved ☐ Denied ☐ Pending Committee Comments/Explanation:

Dwight Hansen, Chair, Petitions Committee ___________________________ Date ______________