

GENERAL PETITION



Please allow up to 10 working days for petition processing -Check the PROWL for confirmation.

Name: _____
LAST FIRST

ID#: [][][] - [][] - [][][][]

I ASSUME FULL RESPONSIBILITY FOR ALL FINANCIAL ADJUSTMENTS MADE TO MY STUDENT ACCOUNT BY THE APPROVAL OF THIS PETITION.

SIGNATURE OF PETITIONER

DATE

Email: _____

Cell Phone: [][][] - [][][] - [][][][]

College: BA CF ED FT LA SE

Class Year: SR JR SO FR G ND

Petition Term: FALL SPRING SUMMER

Year: _____

Add Course(s) *SUPPLY REASON BELOW
MAY RESULT IN ADDITIONAL TUITION CHARGES*

FOR COURSES ENDING IN "99" -ATTACH INDEPENDENT STUDIES FORM

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| CRN | | | | DEPT | | | | COURSE # | | | | SECTION | | | |

Drop / Withdraw Course(s) *SUPPLY REASON BELOW*

IF DROPPING ALL COURSES -ATTACH WITHDRAWAL/LEAVE OF ABSENCE FORM

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Reason: _____

ATTACH LETTER OF EXPLANATION IF MORE SPACE IS NEEDED

| | | | | |
|------------|-----------------------------------|---------------------------------|------------------------------------|---------------|
| RECOMMEND: | APPROVAL <input type="checkbox"/> | DENIAL <input type="checkbox"/> | _____ INSTRUCTOR | _____ DATE |
| RECOMMEND: | APPROVAL <input type="checkbox"/> | DENIAL <input type="checkbox"/> | _____ CHAIRPERSON / COORDINATOR | _____ DATE |
| RECOMMEND: | APPROVAL <input type="checkbox"/> | DENIAL <input type="checkbox"/> | _____ DEAN / DIRECTOR OF COURSE | _____ DATE |
| RECOMMEND: | APPROVAL <input type="checkbox"/> | DENIAL <input type="checkbox"/> | _____ REGISTRAR | _____ DATE |

Time Conflict

ALL FOUR SIGNATURES ARE REQUIRED

| | | | | | | | | | | | | | | | | | | | | | | |
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| INSTRUCTOR'S APPROVAL | | | | | | | | | | | | COURSE DEAN'S APPROVAL | | | | | | | | | | | |
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Unit Overload

HOURS ALLOWED

STUDENT DEAN'S APPROVAL

DATE

Credit / No Credit Grading

NOT FOR COURSES TAKEN FOR MAJOR, MINOR, OR CORE

| | | | | | | | | | | | | | | | | | | | | | | |
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Course Audit

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Extension of Incomplete

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| CRN | | | | DEPT | | | | COURSE # | | | | SECTION | | | | | | | | | | |

Term: FALL SPRING SUMMER I SUMMER II Year: _____

Expected Completion Date:

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| INSTRUCTOR'S APPROVAL | | | | | | | | | | | | COURSE DEAN'S APPROVAL | | | | | | | | | | | |
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Credit by Challenge Examination

\$50 FEE MUST BE SUBMITTED WITH THIS FORM

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| DEPT | | | | COURSE # | | | | | | | | | | | | | | | | | | |

EXAM DATE

ASSIGNED INSTRUCTOR

INSTRUCTOR'S APPROVAL

DATE

COURSE CHAIR'S APPROVAL

DATE

COURSE DEAN'S APPROVAL

DATE

Commencement / Graduation Exception

ATTACH CAPP REPORT, UNOFFICIAL TRANSCRIPT AND LETTER OF EXPLANATION

DATE OF GRADUATION

DEGREE

EXCEPTION REQUESTED