TO BE COMPLETED BY THE STUDENT: State clearly and concisely what change you are requesting. Present relevant facts and be sure to provide your reasons for the change. Consult with your advisor to be sure the petition is clear and complete. After you have obtained your advisor’s and division chair’s approval, take this form to the Registrar’s Office.

____________________________  ______________________________
Name                                          Student Number

I respectfully petition the faculty to…

My reasons are…

Student Signature:  Date:

ADVISOR SUPPORT AND COMMENTS: This application is incomplete without a statement from the advisor explaining why it should be approved.

_____APPROVED  _____NOT APPROVED  Advisor Signature:  Date:

DIVISION CHAIR THAT OVERSEES THE ACADEMIC AREA BEING PETITIONED:
please check one of the following, and take appropriate action.
   ○ This situation suggests the need for a change in our Department’s policy. I will inform the Academic Dean.
   ○ This situation suggests the need for a change in the Catalog. I will inform the Registrar.
   ○ We prefer that situations like this continue to be dealt with on a case by case basis via Academic Petitions.
   ○ This situation is a rare anomaly, and requires no further attention.

_____APPROVED  _____NOT APPROVED  Division Chair Signature:  Date:

REGISTRAR:

_____APPROVED  _____NOT APPROVED  Signature:  Date:

ACADEMIC DEAN:

_____APPROVED  _____NOT APPROVED  Signature:  Date: