PETITION FOR ACADEMIC REVIEW

(This form must be filled out completely before it can be submitted)

I REQUEST: ____ Late Add/Late Registration ____ Change of Grade

____ Academic Renewal ____ Other (specify)_____

____ Course Substitution (Major/Institutional _____ catalog year ____)

FROM: _____ _____

NAME SOCIAL SECURITY NUMBER

_____ _____

MAILING ADDRESS DAY PHONE

_____

CITY, STATE, ZIP CODE

Please list below the course(s) involved and the semester(s) in question:

⇨_____⇦FOLD

Specify the reason for the request:

_____

_____

_____

(Continue on back if more space is needed)

_____

Student Signature Date

*****Faculty approval* is required for substitutions and grade changes.**

_____ I approve this request _____ I do not approve this request _____ I neither approve nor disapprove

Comments: _____

_____

_____

Faculty Signature/Date

ADMINISTRATIVE USE ONLY BELOW THIS LINE*

Petition type: _____ Approved _____ Denied _____

Returned to student ____ Referred to Faculty ____ Referred To Dean ____

Referred to Committee ____

_____

Admissions and Records Signature/Date

Comments:_____

_____

Review: Dean of Instruction _____

Dean of Instruction Signature/Date

Recommendation/Comments:_____

_____

Review: Academic Review Committee Approved___ Denied___ Deferred___

_____

Chair, Academic Review Committee Signature/Date

Recommendations and/or Comments:_____

Rev: 5/24/07