

ADMINISTRATIVE PROCEDURES PETITION FORM

NAME (LAST, FIRST, M.I.)				Student ID#					
E-MAIL ADDRESS									
LOCAL ADDRESS		STREET		CITY		STATE	ZIP		
LOCAL PHONE NO.		EXPECTED GRADUATION DATE		MAJOR		DATE PETITION INITIATED			
INSTRUCTIONS	LIMIT EACH PETITION FORM TO A SINGLE REQUEST - TYPE OR PRINT, AND USE BLACK INK.								
	BE SPECIFIC AND CLEAR IN YOUR REQUEST, I.E. SPECIFY COURSE(S) BY NAME AND NUMBER								
	IT IS THE RESPONSIBILITY OF THE STUDENT TO COMPLETE THE PETITION, OBTAIN THE NECESSARY SIGNATURES AND SUBMIT THE FORM TO THE OFFICE OF THE REGISTRAR, ROOM 201, TWAMLEY HALL.								
	IF APPROPRIATE, ATTACH ADDITIONAL DOCUMENTATION TO THE PETITION.								
ACTION REQUESTED (Be Specific):									
WHY COMMITTEE SHOULD APPROVE YOUR REQUEST (Be Specific):									
STUDENT SIGNATURE: _____									
				RECOMMENDATION					
	JUSTIFICATION OF RECOMMENDATION			SIGNATURE		DATE	APPROVE	DIS- APPROVE	NONE
ACADEMIC ADVISER									
INSTRUCTOR OF COURSE									
DEPT. CHAIR OF COURSE									
DEAN OF COURSE									
STUDENT'S ACADEMIC DEAN									
ACTION:				SIGNATURES REQUIRED:					
Extension of time to remove an incomplete:				Instructor, Dept. Chair, Dean of Course					
Changes or Drops after deadline:				Adviser, Instructor, Dept. Chair, Dean of Course, Student's Dean					
Total Withdrawal after deadline:				Adviser, Chair of Student's Major, Student's Dean					
Questions regarding all other types:				Contact the Office of the Registrar.					

COMMITTEE'S ACTION: A DVED DI PROVED OTHER _____

DATE _____