UNIVERSITY OF Redlands

OFFICE OF THE REGISTRAR
PETITION FOR WAIVER OF ACADEMIC REGULATION

☐ School of Business ☐ School of Education ☐ School of Continuing Studies

Student–complete the following steps to initiate a review for waiver of an academic regulation

- Include an explanation on the next page regarding the circumstances that require you to make this request.
- Sign below the explanation.
- Petition will not be processed without required recommendation (see next page).
- **Return to the Registrar's Office** or scan and email to registrar@redlands.edu.

Failure to provide complete and accurate information may result in this petition not being processed in a timely manner and/or being returned to the student for completion.

Please print legibly or type only.

Name		**Student ID#**	
Address		**Telephone #**	
City/ State/Zip		**Location**	
Email		**Advisor**	

Program requests:

Request	**Program**	**Effective Date**	**Director or department chair**
Reinstatement into a program			
Retroactive program withdrawal			

Degree completion requests:

Degree completion under original Catalog. *Note: This request must be reviewed before submission of petition. Student's original catalog year must be recent.*	Catalog year:
Degree completion extension	Catalog year: *Original completion deadline:* *Anticipated completion date*:

Course requests:

Request	**Title**	**Alpha–#**	**Sect**	**Term**	**Instructor's name**
Retroactive course enrollment					**Course grade (required)**:
Retroactive course withdrawal					
Waiver of course obsolescence	1.				
	2.				

Office use Only:

___ Approve ___ Deny By : _____
Dean/Registrar

Request denied: _____ Signature: _____ Date: _____

STUDENT: Please explain the circumstances that require you to make this request. Attach additional sheets as necessary. Documentation/verification should be provided in the case of a medical reason.

_____

_____

_____

_____

_____

_____

_____ _____

Student Signature **Date**

RECOMMENDATION FROM FACULTY OR ADVISOR (required): May be sent under separate cover. If so, please place a checkmark in the box, sign below, and forward recommendation to the Registrar's Office (Attn: ARB) immediately. ☐

_____

_____

_____

_____

_____

_____

_____ _____ _____

Faculty or Advisor Name **Faculty or Advisor Signature** **Date**

Routing: Registrar; student; student file; business office; computer