

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 of why you need this request on the next page and sign.
- Support is required for all requests (see next page).
- **Late change fees—during semester; \$40, after close of semester, \$90.**
- Return completed form to your advisor or Student Services Manager (SSM).

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#	
Program		Date	
Email		Advisor	

**Program requests:**

Request	Program	Effective Date	Director or department chair signature
Reinstatement into a program			

**Degree completion requests:**

Degree completion under original Catalog :	Catalog year: _____
Degree completion extension	Catalog year: _____
	Original completion deadline: _____
	Anticipated completion date: _____

**Course requests:**

Waiver of course obsolescence:	_____
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**LATE ADD / DROP REQUEST**

For adding or dropping a course after the deadline.

Check one		Course information						
Add	Drop	Dep/Alpha	Number	Sect	Credits	Term (sem/yr)	Final grade (prior term)	Instructor Name

Office use Only:

\_\_\_ Approve \_\_\_ Deny \_\_\_\_\_ By : \_\_\_\_\_ Date: \_\_\_\_\_  
Dean's Office

**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):**

\_\_\_\_\_

\_\_\_\_\_  
**Faculty or Advisor Name**

\_\_\_\_\_  
**Faculty or Advisor Signature**

\_\_\_\_\_  
**Date**