

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.

<b>Name</b>		<b>Student ID#</b>	
<b>Program</b>		<b>Date</b>	
<b>Email</b>		<b>Advisor</b>	

**Program requests:**

<b>Request</b>	<b>Program</b>	<b>Effective Date</b>	<b>Director or department chair signature</b>
Reinstatement into a program			
Retroactive program withdrawal			

**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.

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

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.

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**Student Signature**

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**Date**

**RECOMMENDATION FROM FACULTY OR ADVISOR (required):**

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**Faculty or Advisor Name**

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**Faculty or Advisor Signature**

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**Date**