

UNDERGRADUATE STUDENT PETITION

Last Name	First Name	Middle	Student ID
Permanent Address			Major
City	State	Zip	Advisor
Phone	Cell Phone	Current GPA	
Preferred Email Address			Class Year (FR, SO, JR, SR)
Signature			Date

PLEASE EXPLAIN IN DETAIL THE INTENT OF THIS PETITION, INCLUDING COURSE TITLE AND NUMBER:

(Bibliographies or outlines in support of this petition must be attached, if applicable)

SIGNATURES REQUIRED:

- **For additional credit:** Course Instructor, Advisor, Dept. Chair, Asst. VP of Academic Affairs
- **For physical education credit:** Director of Athletics
- **For semester course overload:** Advisor, Asst. to VP of Academic Affairs
- **For "W" course credit:** Course Instructor, Writing Across the Curriculum Coordinator
- **For (I)ncomplete grade:** Instructor and Student (Not eligible for Dean's List)
- **Others:** see the Registrar & Graduate Student Services Office

SIGNATURES:

<input type="checkbox"/> Instructor: _____	Date: _____
<input type="checkbox"/> Advisor: _____	Date: _____
<input type="checkbox"/> Dept. Chair: _____	Date: _____
<input type="checkbox"/> Student Accounts: _____	Date: _____
<input type="checkbox"/> Director of Athletics: _____	Date: _____
<input type="checkbox"/> Other: _____	Date: _____
<input type="checkbox"/> Asst. VP of Academic Affairs: _____	Date: _____

Comments: _____

REGISTRAR'S AUTHORIZATION:

Certified that: _____

Signature: _____ Date: _____