



ACADEMIC PETITION

Name _____
 Street _____
 City/St/ZIP _____
 Telephone _____

Student ID _____
 Class Standing _____
 Term _____ Year _____

PETITION TO:

SUPPORTING REASONS:

Student's Signature _____ Date _____

<p>ADVISOR'S RECOMMENDATION:</p> <p>Advisor's Signature _____ Date: _____</p>	<p>DEPARTMENT CHAIR'S RECOMMENDATION: (Required for all petitions of Major and Minor requirements)</p> <p>Dept. Chair Signature _____ Date: _____</p>
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ADMINISTRATIVE ACTION:

Approved _____ Not Approved _____
 Date _____ Date _____

Please complete this form and return to the Registrar's Office; copies will be sent to Advisor and Student with completed signatures.