ACADEMIC PETITION

Fill out *completely*. Incomplete forms will be returned to the student.

Student Name:		Date:	
Student ID Number:		GPA:	
Total Credit Hours at end of current term:	Studen	nt's Major:	
Email address:	Check One: 🔲 l	Undergraduate / 🔲 Gra	duate
Cell phone number:			
Subject of Petition (Choose one)		oplicable:	
1. Request for overload. If not eligible, explain in Item <i>GPA >3.0.)</i> Please contact the Business Office to be su			are students with
2. Request to take independent study. (<i>Must have com</i> rationale for this request in Item #3, below. Attach syll		courses and must have G	5PA >3.0.) Provide a
Instructor's Name Course Number (ex. EN			Credit Hours
Hours completed in major:			
3. Other or Explanation of Request (continue on back	or on additional sheets, if	necessary):	
— All signatures must be obtained for consideration of approval. — Signature of Student :			
Signature of Student Advisor :			
Recommended Not recommended, Explain:			
Signature of Instructor of the subject in question:			
Recommended Not recommended, Explain:			
Signature of Department Chair of the subject in question:			
Recommended Not recommended, Explain:			
<u>_</u>			
☐ APPROVED ☐ DENIED, Reason for denial:			
Applications may take up to 2 weeks for processing.			
For office use only:	_		
Course:CRN:	Date:	Initials:	