

Please clearly print all information.

Student Name _____	Student ID# _____
Anticipated Graduation Date: JAN MAY AUG DEC 20 _____	Year Entered Taylor/Catalog Year: _____
Major(s): _____	Minor(s): _____ Degree: AA BA BM BS
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	Cumulative GPA: _____
<b>Student Signature</b> _____	<b>Date</b> _____

Academic Petition Request	
<b>Regulation/Policy Exception</b> <input type="checkbox"/> GPA Requirement for Academic Load <input type="checkbox"/> Curriculum Requirement <input type="checkbox"/> Other: _____	<b>Deadline Extension</b> <input type="checkbox"/> Registration Change <i>Attach Add/Drop or Specific Registration Form</i> <input type="checkbox"/> Course Withdrawal (W — W/P) <i>Attach Withdrawal Form</i> <input type="checkbox"/> Other: _____

Enrollment/Course Term
<input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Interterm 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____

Petition Rationale
<i>Clearly state your request and rationale below. Attach additional pages and documentation as necessary.</i>

Approval Signatures																
<b>➡ Obtain signatures of your advisor, course instructor, and department chairs before submitting petition to the Office of the Registrar.</b>																
<table style="width: 100%;"> <tr> <td style="width: 70%;"><b>Academic Advisor</b> _____</td> <td style="width: 30%;"><b>Date</b> _____</td> </tr> <tr> <td colspan="2">Comments: _____</td> </tr> <tr> <td><b>Course Instructor</b> _____</td> <td><b>Date</b> _____</td> </tr> <tr> <td colspan="2">Comments: _____</td> </tr> <tr> <td><b>Course Department Chair</b> _____</td> <td><b>Date</b> _____</td> </tr> <tr> <td colspan="2">Comments: _____</td> </tr> <tr> <td><b>Major Department Chair</b> _____</td> <td><b>Date</b> _____</td> </tr> <tr> <td colspan="2">Comments: _____</td> </tr> </table>	<b>Academic Advisor</b> _____	<b>Date</b> _____	Comments: _____		<b>Course Instructor</b> _____	<b>Date</b> _____	Comments: _____		<b>Course Department Chair</b> _____	<b>Date</b> _____	Comments: _____		<b>Major Department Chair</b> _____	<b>Date</b> _____	Comments: _____	
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Comments: _____																
<b>Major Department Chair</b> _____	<b>Date</b> _____															
Comments: _____																

<b>Academic School Dean</b> _____	<b>Date</b> _____
<b>Registrar</b> _____	<b>Date</b> _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <span style="margin-left: 20px;">Comments: _____</span>	