STUDENT PETITION

INSTRUCTIONS: Complete the following information (please print). When completing the REQUEST section, state your request and give your reasons briefly.

Name ________________________________ UID ________________________________

Email ________________________________

Program  ☐ BS  ☐ MECN  ☐ APN  ☐ PhD
Specialty ________________

Class Level ________________ Units Completed ________________ Degree Expected Term ________________

(Please attached appropriate documentation when necessary, e.g. a course description, syllabus, etc.)

Request:

Reason:

Student Signature ________________________________ Date ________________________________

Faculty Advisor Signature ________________________________ Date ________________________________

Request is:  ☐ Accepted  ☐ Denied

Program Director Signature ________________________________ Date ________________________________

FOR OFFICIAL USE:  Date sent to Student Affairs________  Date Record Updated________  Processed By ________