



Petition for Special Consideration

Instructions:

- **Type Information * indicates required field.**
(you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields)
- **Use separate sheet if more space is needed for "PETITION INFO." Attach additional pages.**
- **Attach appropriate documentation if applicable.**
- **Include Name and Campus ID on all attachments.**
- **Submit completed form to the Academic Programs Student Services Front Desk, Suite 1100.**
- **Approval Signatures are not required to submit form.**

STUDENT INFORMATION			
*Campus ID		*Email Address	
*Last Name		*First Name	*Middle Initial
*Contact Phone (include area code)		Academic Program and Level	

PETITION INFORMATION	
*For which academic rule, regulation, procedure, or requirement are you requesting an alternative or exception?	
*Requested action (waiver, substitution, etc.) or proposed alternative:	
*Explain why you are making this request. Be specific. Use and attach additional pages/documents if needed.	
*How does this impact your education plans?	
*I understand that I am responsible for any implications that may result from this request.	
*Student Signature	*Date

APPROVAL (For office use only)		
	Reviewed by Dean/Director (signature)	Date
Additional Notes/Approval		