

Quarter	Year
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Student ID Number	Last Name	First Name	Middle Name	Date
School and Degree Program	Advisor	Campus		Area Code and Home Telephone Number
First Quarter at Fuller		E-Mail Address		<input type="checkbox"/> Home <input type="checkbox"/> Work

IMPORTANT: YOU WILL RECEIVE YOUR RESPONSE BY EMAIL AT THE EMAIL ADDRESS YOU PROVIDE ABOVE. PLEASE MAKE SURE YOU CHECK YOUR EMAIL FREQUENTLY.

Please indicate the academic policy to which you are seeking an exception. Make sure the appropriate materials are attached to follow through if this petition is granted. *Petitions for Extension, Course Substitution or Waiver, or Financial Petitions require special forms. Do not use this petition.* Also, do not use this petition to submit any of the above after the deadline. It is not needed.

- Adding a class or classes after the deadline (*attach completed ADD/DROP form*)
- Registering after the deadline (*attach completed Self-Registration Packet*)
- Dropping a class or classes after the deadline (*attach completed ADD/DROP form*)
- Requesting an Incomplete after the deadline (*attach approved Request for Incomplete. Explain below why it was not requested on time*)
- Other (*please explain*):

Explain in detail below the extenuating circumstances upon which this petition is based. *Please be advised that ignorance of any published academic policy or deadlines is not considered grounds for granting a petition. Please type or print clearly. Do not attach any additional pages of explanation, but feel free to add any supporting materials (such as medical documentation). Please be specific about the circumstances you describe. Make sure you include relevant dates for any circumstances you cite.*

PETITIONS COMMITTEE DISPOSITION

- Approved Denied

By: _____ Date: _____

COMMENTS/CONDITIONS: