

Quarter _____	Year _____
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Student Number _____	Last Name _____	First Name _____	Middle Name _____	Date _____	
Home Address _____		City _____	State _____	Zipcode _____	Area and Home Telephone Number _____
School and Degree Program _____	Advisor _____	Campus _____	E-Mail Address _____		<input type="checkbox"/> Home <input type="checkbox"/> Work

% REFUND REQUESTED	CLASS CODE	S E C	CATALOG NUMBER	COURSE NAME	CAMPUS	FOR OFFICE USE ONLY

Please explain the extenuating circumstances upon which this petition is based in detail. *Do not simply say "see academic petition."* This petition will be processed separately and must contain all necessary information. This petition should be submitted in reference to only one set of circumstances pertaining to one quarter. If based on an academic action (e.g. dropping a course), this petition may be submitted at the same time but will not be considered until the action taken has been officially recorded.

DISPOSITION

Date course(s) officially dropped _____ Week of quarter _____ By petition? _____
 Approved _____% Denied By: _____ Date: _____