COLLEGE OF LIBERAL ARTS AND SCIENCES ACADEMIC POLICY PETITION

ACADEMI	C POLICY PETITION
Section 1	: Student Information
Date:	Expected Grad Date:
Name:	Address:
Major:	Phone:
University ID:	E-mail:
Section 2. D	olicy Petition Instructions
Please read the following instructions and rev	iew <u>Sections 1-6</u> before submitting your petition.
	y or deadline, please read the following guidelines and a submissions must include the following and may be du or in person at the College of LAS Student
extenuating circumstances and the policy of a. If you are requesting an Out of Term will need to work with your acades of Term Withdrawal Committee for	rm Withdrawal, rather than completing this petition, you mic adviser to submit the necessary paperwork to the Out
documentation will be required. Unless ye should be saved as a PDF file. Documents following: • Name of medical provider, office at the student's full name • Identification of medical issue • Date of onset and dates of treatme	•
*	npanied by a separate, completed withdrawal form. Late ate changes to Pass/Not Pass grading will be submitted to ar petition is approved.
Administrative Advise	er Information (OFFICE USE ONLY)
Petition Recorded by College of LAS Student Aca	

Petition Recorded by College of LAS Student Academic Ser

Administrative Advisor Record:

GPA: Mid-term:

Previous Navigate documentation:

Administrative Advising Decision:

Follow-up: Decision confirmation sent

EAB documentation

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Step 1: Academic Policy Exception Requeste	ncy exception Requeste	УĽ	Ponc	mc .	Acaden	1:	ıep	Э
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Step 2: Please use the space below to explain the extenuating circumstances that have contributed to your request for an academic policy exception, including a detailed <u>timeline of relevant events</u>. State the specific course for late/out of term drops. You may attach an additional document (PDF) if needed.

	Section 4: Academic Adviser Information
1.	Did the student discuss this petition with you?
2.	Were you aware of extenuating circumstances? If so, please provide a brief description and timeline.
3.	Recommendation for action (REQUIRED):
4.	Additional information:
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Date:

Adviser's Signature:

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Section 5: Instructor Information

Complete Section 5 ONLY if you are requesting a late or out of term add/drop.

1. Last Date of Participation:
2. If adding, can the student successfully complete the course?
3. Were you aware of extenuating circumstances? If so, when?
Instructor's Signature: Date:
Section 6: Submission Checklist
☐ I have met with my academic adviser, discussed my extenuating circumstances, and determined the exception for which I am applying.
TOF WHICH FAIR ADDIVING
☐ I have provided my academic adviser with my petition so that they can complete Section 4. ☐ Late (After Deadline) or Out of Term Add/Drop. I have provided my instructor with my petition so that
☐ I have provided my academic adviser with my petition so that they can complete Section 4. ☐ Late (After Deadline) or Out of Term Add/Drop. I have provided my instructor with my petition so that they can complete Section 5.
☐ I have provided my academic adviser with my petition so that they can complete Section 4. ☐ Late (After Deadline) or Out of Term Add/Drop. I have provided my instructor with my petition so that
 ☐ I have provided my academic adviser with my petition so that they can complete Section 4. ☐ Late (After Deadline) or Out of Term Add/Drop. I have provided my instructor with my petition so that they can complete Section 5. ☐ If necessary, I have gathered supporting documentation from medical providers.