

PETITION FOR ADMINISTRATIVE RECORD CHANGE

A student may only petition for one prior semester. If petition is denied, student may appeal if they have additional information.

Name: _____ Social Security Number: _____
Address: _____ Year and Term (e.g., Fall 2002): _____
City St Zip: _____ Obtain Financial Aid Office Signature: _____
Telephone Number: _____ Obtain VA Office Signature: _____

FA/VA Recommendation: _____

1. WITHDRAW FROM THE CLASS AND SUBMIT WITHDRAWAL FORM AND THIS COMPLETED FORM TO THE OFFICE OF ENROLLMENT SERVICES. (See Guideline #2 on the reverse side.)

2. LIST ALL COURSES FOR WHICH YOU ARE REQUESTING AN ADMINISTRATIVE RECORD CHANGE.
If there are more than three (3) courses, please add them to a separate sheet of paper and attach to this form.

The instructor or department chair signature indicates that the petition has been reviewed and that alternatives to leaving the course may have been offered.

Title	Course Number	*Instructor or Department Chair Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. CHECK YOUR REASON FOR ADMINISTRATIVE CHANGE DUE TO EMERGENCY OR EXTRAORDINARY CIRCUMSTANCES. YOU MUST ATTACH A WRITTEN EXPLANATION SIGNED BY YOU AND PROVIDE APPROPRIATE DOCUMENTATION FOR ANY OF THE FOLLOWING:

- () Illness of Self (attach letter of explanation AND a signed physician's statement on letterhead indicating in his/her opinion, because of the student's condition, course(s) cannot be completed). NO OTHER DOCUMENTATION IS ACCEPTABLE.
- () Death in Immediate Family (attach letter of explanation, official death certificate or announcement, and documentation showing relationship). Immediate family is defined by the Family Medical Leave Act (FMLA) as parent, spouse, or child.
- () Involuntary Call to Active Military Duty (attach letter of explanation and military orders).
- () Other emergency circumstances or extraordinary situations which are demonstrated through documentation that the circumstance or extraordinary situation is beyond the student's control, and prevents the student from attending class. (*You must attach an explanation to this form and provide appropriate documentation*).

4. CERTIFICATION: I certify all the above information is correct to the best of my knowledge.

Student Signature Date
PLEASE SEE SECTION "C" ON REVERSE SIDE FOR REASONS WHY PETITIONS ARE DENIED

Office Use Only:

Date Received: _____

ADMINISTRATIVE ACTION: () Approved () Denied () Referred to Petitions Committee

Signature _____ Title _____ Date _____

PETITIONS COMMITTEE ACTION: () Approved () Denied () Tabled
Comments/Recommendations:

Signature of Chair of Petitions Committee

Date