



# STUDENT PETITION

Name:

Student ID Number:

Date:

Address:

City:

State:

Zip:

**PETITION (Check all that apply):**

Substitute Course: Course Title:

Course Number:

For: Course Title:

Course Number:

Pass/Fail Option: Course Title:

Course Number:

Other:

**EXPLANATION:**

**Student Signature:**

**ACTION:**

**APPROVE**  
Yes    No

**COMMENT**

**SIGNATURE**

Advisor:

Field Chair:

Academic Services: