Name:__________________________________________ Student ID#: __________________________

Last, First, Middle Name

Expected Graduation Date:____________________ Class Standing: FY. SO. JR. SR.

Petition applies to: □ Fall □ Spring □ Summer □ Winter Term

Academic Year:____________________

Instructions: Complete this petition and obtain required signatures. Include explanation in the area provided and attach supporting documentation if needed. Attach your current class schedule.

Important: If petition is to Drop or Withdraw from a class, you should continue to attend class until you receive the decision of the Petitions Committee.

Petition is related to:

☐ Competency requirements: W / Q / S
☐ Commencement/Graduation
☐ Course load (less than full-time/overload)
☐ Group requirements: 1 2 3 4 5 6
☐ Major:________________________
☐ Minor:________________________
☐ Off Campus Study
☐ Registration adjustment (after adjustment deadline)*
  ☐ Drop/cancel course
  ☐ Add course. Date first attended:____________________________
  ☐ Withdraw from course (grade of W)
☐ Special exception/Other:_________________________________________________

Course (s) to which petition pertains:

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<th>Dept.</th>
<th>Course #/section</th>
<th>Credit</th>
<th>Time/Days</th>
<th>Title</th>
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To be completed by Instructor:

First class date:_________________________ Last class date:_________________________
Comments:_____________________________________________________________________

Instructor’s Signature:__________________________________________________________
Explanation for petition request: (attach separate page if needed)

_________________________________________________________________________________________

_________________________________________________________________________________________

To signers: Signature indicates you have read this petition. Indicate whether you approve or disapprove the petition. A supplementary statement may be e-mailed to June Wildman (junewildman@depauw.edu).

Advisor: ___________________________ Recommend: ___Yes ___No Date:__________
Required

Dept. Chair: ___________________________ Recommend: ___Yes ___No Date:__________
Required for Major, Minor or Group requirements petitions. Possibly, for other special exceptions.

Financial Aid: ___________________________ Recommend: ___Yes ___No Date:__________
Required for overload or underload petitions.

Univ. Physician or Counselor: ___________________________ Recommend: ___Yes ___No Date:__________
Required if physical or mental health issue. Students may be required to sign a release statement with the Physician or Counselor.

______________________________

***Office Use Only***

Committee Action: _______ Considered _____________ Granted _____________ Denied

Comments:

Date Decision results sent to: Student_____ Advisor_____ Instructor_____ Academic Affairs_____
Fin. Aid_____ Univ. MD/Counselor_____ Dept. Chair_____

Database Recording: ERHistory, ERMaster, Client Information Services, MEMOS