Student ___________________________________________ Student ID# _________________________________________

Expected Graduation Date ___________________________  Class Standing: FY  SO  JR  SR

Petition applies to:  □ Fall  □ Winter  □ Spring  □ May  □ Summer  Academic Year _________________

Instructions: Complete this petition and obtain required signatures. Include explanation in the area provided or in an attached document. You may attach supplementary statements from instructors, advisers, counselors, etc. or ask them to email their comments to the Registrar’s Office, registrarsoffice@depauw.edu.

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

Petition is related to:

☐ Graduation requirements
☐ Course load (less than full-time or overload)
☐ Registration adjustment (after adjustment deadlines)
   Course Department ___________ Course # _________
   o Drop/cancel course
   o Add course. Date first attended _____________________
   o Withdraw from course (grade of W)
☐ Other ________________________________________________

Explanation for petition request (attach separate page if needed):

To be completed by Instructor:

First class date attended ____________________  Last class date attended ____________________

Comments

____________________________________________________________________________________

____________________________________________________________________________________

Instructor’s signature ____________________________________________________________

Printed name _________________________________________________________________

Date ____________________________________________________________

Student’s signature ____________________________ Date ________________________

____________________________________________________________________________________

To signers: Signature indicates you have read this petition. Indicate whether you approve or disapprove the petition. A supplementary statement may be emailed to the Registrar’s Office (registraroffice@depauw.edu).

Advisor (required) ____________________________ Approve: □Yes  □No  □Abstain  Date __________

Department Chair ______________________________ Approve: □Yes  □No  □Abstain  Date __________

Required for Major, Minor or Area requirement petitions. Possibly for other exceptions.

Competency Program Director __________________________ Approve: □Yes  □No  □Abstain  Date __________

Required for W, Q or S petitions.

Financial Aid ____________________________ Approve: □Yes  □No  □Abstain  Date __________

Required for overload or underload petitions.

***Office Use Only***

Committee Action: □ Considered □ Granted □ Denied  Date __________

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

Registrar’s Office, DePauw University, Phone: 765-658-4141, FAX: 765-658-4139, Email: registraroffice@depauw.edu