

PETITION FORM

Student Expected Graduation Date			Student ID# Class Standing: FY SO JR SR				
attached documen	•	ementary stat	ements fro	es. Include explanation in the area provided or in an rom instructors, advisers, counselors, etc. or ask them becaused.			
Important: If petiti decision of the Pet	•	aw from a clas	s, you sho	ould continue to attend class until you receive the			
Petition is related	:0:						
☐ Graduation	n requirements						
☐ Course loa	d (less than full-time or	overload)					
☐ Registration	n adjustment (after adj	ustment deadl	ines)				
Course Dep	partment	Course #					
	op/cancel course	_					
o Ad	d course. Date first atte	nded					
	thdraw from course (gra						
□ Other	.0	-					

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 petiti supplementary statement may be emailed to the Regist Advisor (required)	trar's Office (<u>registra</u>	arsoffice	@depauw.e	<u>du</u>).		
Department Chair				Date		
Competency Program Director	Approve: □Yes	□No	□Abstain	Date		
		_				
Financial Aid	Approve: □Yes	□No	□Abstain	Date		