

STUDENT PETITION FORM

NAME:	
PHONE:	EMAIL:
STUDENT#:	DATE:
SEMESTER:	CLASS (<i>circle one</i>): FR SO JR SR

Please take your time filling out this petition form. Give a detailed explanation as to why you are requesting this exemption. Remember, no exceptions are granted until the committee meets and makes a decision. You should continue to attend class until a written decision is received. Copies of petitions are shared with your advisor and all involved faculty members.

If you are petitioning to take more than 4.5 units please be aware that you will be responsible to pay for the additional units at the cost printed in the Albion College catalog.

Dropping below full-time status can affect your financial aid. Please check with the Financial Aid Office prior to petitioning for part-time status.

PETITION TO CHANGE EXAM TIMES: SEE INSTRUCTIONS BELOW.

Policy Exemption Request: Please state the exact policy for which you wish to receive an exemption.

Reason for Exemption Request: Please provide as much detail as necessary to explain your position.
If necessary you may attach additional paper.

Signature of Student: _____
Signature of Advisor (*optional but desired*): _____

PETITION TO CHANGE EXAM TIME – CLASS: _____
INSTRUCTOR (NOT STUDENT) MUST PROVIDE WRITTEN DESCRIPTION OF PROPOSED EXAM CHANGE/S BELOW & SIGN:

Signature of Instructor for Exam Time Changes (required): _____

Submit Completed Form to the Office of the Registrar.

Office Use Only
STUDENT PETITION RESULTS

Action: Granted Denied Pending By: _____ Date: _____
(circle one)