

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)\*

*\*Petitions granted for these actions may be assessed a \$40.00 late fee.*

- Drop/cancel course
- Add course. Date first attended: \_\_\_\_\_
- Withdraw from course (grade of W)

Special exception/Other: \_\_\_\_\_

**Course (s) to which petition pertains:**

Dept.	Course #/section	Credit	Time/Days	Title	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**To be completed by Instructor:**

First class date: \_\_\_\_\_ Last class date: \_\_\_\_\_

Comments: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

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

\_\_\_\_\_  
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 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 \_\_\_\_\_