

Petition for Special Privileges

Name: _____
Last First MI

SSN: _____

Address: _____
City State Zip

Date: _____

Telephone: (Day) _____ (Eve) _____

I request the following:

- Refund of fees (past deadline)**
- Request a "W" grade**
- Request no "W" grade**
- Request or Reverse CR/NC grade (past deadline)
- Request Exemption from Health Fee***
- Add a class after last registration deadline
- Adjust final exam time*
- Other: _____

***Requires instructor and Division Chair approval**
****If request is due to health/employment reasons, you must attach a doctor/employer's statement**
*****Requires documentation**

Term/semester and year involved: Fall _____ Spring _____ Summer _____

Class(es) involved (list 4 digit registration # and course name and #): _____

Clearly explain below the reasons for your request:

Instructor's Signature

Student's Signature

NOTE: In order to be considered, this petition must have all necessary signatures.

FOR OFFICE USE ONLY

____ Approved ____ Denied _____
(Division Dean) Date

____ Approved ____ Denied _____
(Assistant Dean, Admissions & Records) Date

Comment(s): _____

____ Approved ____ Denied _____
(VP, Student Services/VP, Instruction) Date

Comment(s): _____

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