Name: ____________________________________  G#: ____________________________________

Email: ____________________________________  Phone # (___) ______________________

Semester/Year:  ☐ Spring 20_____  ☐ Summer 20_____  ☐ Fall 20_____

Check if you are:
☐ Receiving Veterans’ Benefits*  ☐ Receiving Financial Aid*  ☐ Are an F1 Student*

Student’s Signature: _____________________________  Date: __________________________

**PETITION INSTRUCTIONS:**
Incomplete petitions will be denied. Please write clearly and concisely.

1. **Petitions must include all necessary information including:** course CRN number, course name, semester and year, recommendations of instructor and reason for the petition.
2. **Late Adds/Drops** must have instructor verification of first and/or last date attended and signature. It is still the student’s responsibility to complete the add/drop/withdrawal process.

*Some petitions will be denied in compliance with federal or other regulations related to enrollment status, funding or benefits receipt.

**INSTRUCTOR VERIFICATION**

(ADD/DROP ONLY)

FOR LATE ADD:  Date FIRST attended class: _____________________________

FOR LATE DROP:  Date LAST attended class: _____________________________

Comments: __________________________________________________________________________

___________________________________________________________________________________

Instructor’s Signature: _____________________________  Date: __________________________

Student’s Comments: __________________________________________________________________

___________________________________________________________________________________

(More space on back side of form)

**EXCESS UNIT**

Total number of units for term: __________

Self-reported GPA: __________
(Must be 2.0 or above to be eligible)

___________________________________________________________________________________

Counselor’s Signature

Date

**OFFICE USE ONLY**

☐ Approved  ☐ Denied  ☐ Other

Remarks: ________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Signature: ________________________________
TIME CONFLICT

Class information / Currently Registered Class (complete all lines):
Class: ____________________________ Days: M T W R F S U Instructor: ____________________________
Lecture Time: ________am pm TO ________am pm Lab Time ________am pm TO ________am pm
Instruction’s Signature: ____________________________________________

Course with Conflict and Time(s) being missed (complete all lines):
Class: ____________________________ Days: M T W R F S U Instructor: ____________________________
Lecture Time: ________am pm TO ________am pm Lab Time ________am pm TO ________am pm
Total time missed weekly: ________________________ Total time missed daily: ______________________________

PLEASE LIST THE SPECIFIC DATES AND TIMES WHEN MISSED CLASS TIME WILL BE MADE UP (Form will not be accepted without this information)

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Instructor’s Signature*: ____________________________________________

*INSTRUCTORS PLEASE NOTE: Your signature verifies the above information and that you will be present during listed make up times. Instructors must be present during make up times and must maintain attendance records. These records must be turned into Admissions & Records by final grades deadline.

Continued Student’s Comments: ____________________________________________
________________________________________________________________________
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08/14 A&R