

# 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: INSTRUCTOR (*NOT STUDENT*) MUST DESCRIBE THE CHANGE AND SIGN 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)*

Signature of Instructor for Exam Time Changes: \_\_\_\_\_

*(Required)*

## Submit Completed Form to the Office of the Registrar.

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Office Use Only

STUDENT PETITION RESULTS

Action:    Granted    Denied    Pending    By: \_\_\_\_\_    Date: \_\_\_\_\_

*(circle one)*