



ACADEMIC PETITION FORM

Used to request waivers of college policy.

INSTRUCTIONS: Type or print with a ball point pen. All copies must be legible. **Be specific and include all relevant information to support your request.** Attach additional sheets as needed. Please submit the completed petition to the your instructor or advisor who will forward the form for appropriate approvals.

NAME _____

MAJOR _____

ADDRESS _____

SUNY ID # _____

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL _____

SPECIFIC ACTION REQUESTED: _____

JUSTIFICATION: _____

Student's Signature Date

INSTRUCTOR, ACADEMIC ADVISOR – Comments or signature as needed. Approved Disapproved

Required Signatures

Additional signatures that may be required will be obtained by the Registrar's Office

Signature of Academic Chair _____ Date _____ Approved Disapproved

Provost _____ Date _____ Approved Disapproved

Signature of Registrar _____ Date _____ Approved Disapproved

Signature of President _____ Date _____ Approved Disapproved

Additional Signature as Required _____ Date _____ Approved Disapproved

Signature of Bursar/Financial Aid _____ Date _____ Approved Disapproved

Comments

