

Petition Student Academic Appeals Committee

Please print or type the requested information. Remember: What you write/type will be reviewed by the members of a Committee making the decision on your request.

Student ID Number* *do not use your SSN	Last Name	First		MI
Address		City	State	Zip
Primary Telephone	Secondary Telephone	Emai	l (Pirate Mail or othe	er)
by the deadline date or the ext	If you are requesting to withdraw fro ion of the mitigating circumstance that penuating circumstances that makes cont which the late withdrawal is requested:	revented you from p	rocessing the official v	vithdrawal
additional paper or the relate withdrawal requests	JEST and provide JUSTIFICATION of this form if more specific (see above). Requests for waivout your request must be clearly state.	ace is needed. It ers of existing p	Oocumentation is repolicies and proce	equired for an
Date	Student Signature			
	_			on for this
review.	quest is required. Please meet with	i aii auvisor on ai	_	
	☐Support student's request		☐ Do not s	upport request
Date	Advisor Signature			

Submit the petition (including the advisor review/signature) and any documentation to the Records/Registrar's Office. Your request will be forwarded to the Student Academic Appeals Committee.