



Western Oregon
UNIVERSITY

OFFICE OF THE REGISTRAR
ACADEMIC PETITION

Name: _____ Student ID Number: _____
Last First MI

Address _____
Street Address or P.O.

City State ZIP Phone: _____
(daytime)

I do hereby petition for an exception to: undergraduate policy
 graduate policy

Extend an incomplete: _____
Prefix & number Title CRN Term/Year

Instructor Signature: _____ Date: _____

Other: (explain) _____

State the reasons for your request: _____

Advisor Signature: _____ Date: _____

Student signature: _____ Date: _____

(For Official Use Only)

Action Taken: None Approved Denied Conditional Date: _____

Signature / Comment: _____

_____ (acadpet.pm02-07-06)