

Date Received:

Office Use Only

Academic Petition

Step 1: Student Information

Last Name: _____ First Name: _____
 Student ID Number: _____ WOU Email: _____

Step 2: Requested Exception

Complete separate forms for multiple requests

- | | | |
|---------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Apply to Graduate (late) | <input type="checkbox"/> Add a class (after week 2)* | <input type="checkbox"/> Drop a class (after week 4)* |
| <input type="checkbox"/> Extend an Incomplete | <input type="checkbox"/> Withdraw from a class (after week 7) * | <input type="checkbox"/> University graduation requirement |
| <input type="checkbox"/> Course overload | <input type="checkbox"/> General Education Requirement | <input type="checkbox"/> Other _____ |

Step 3: Instructor Section

*If you have requested to add, drop, or withdraw from a class after the deadline, you **must** have your instructor complete this section.

CRN: _____ Subject/Number: _____ Instructor Signature: _____
 Late add -- 1st day of attendance: _____ Late drop/withdrawal -- last day of attendance: _____
 Instructor Comment: _____

Step 4: Student Explanation

Please explain in detail why you are seeking this exception. If extraordinary circumstances contributed to you seeking this exception, we strongly encourage you provide documentation of your circumstance for full consideration. If you're disclosing sensitive information in this petition, please visit <http://www.wou.edu/registrar/academic-petition-guidelines/> for more information. All members of the committee are non-confidential employees/mandatory reporters.

Advisor:		
	Print	Signature

Student:	
	Signature

If withdrawing from ALL courses for medical reasons please use the Medical Withdrawal Form and take it to the Dean of Students in Ackerman Hall Room 173.

Step 5: Office Use Only

Action Taken: None Approved Denied Conditional Date: _____

Comments: _____

Signature: _____ Print Name: _____