

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	Email (Pirate Mail or other)		
by the deadline date or the	If you are requesting to withdraw from tation of the mitigating circumstance that present the categories of the mitigating circumstances that makes continuous which the late withdrawal is requested:	evented you from p	rocessing the official w	rithdrawal
additional paper or the late withdrawal reques	QUEST and provide JUSTIFICATION reverse side of this form if more spects (see above). Requests for waives, but your request must be clearly stated	ace is needed. Ders of existing p	ocumentation is re- policies and proced	equired for any
Date	Student Signature			
Advisor review of your	Student Signature			er for this
DateAdvisor review of your review.			ny campus or cente	er for this

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.