## WASHINGTON STATE UNIVERSITY

## UNDERGRADUATE STUDENT PETITION FORM

Please fill out form and return it to:
Washington State University Spokane
Student Services, PO Box 1495
Spokane, WA 99210-1495

For questions please call: (509) 358-7530

Use this form to petition exceptions to academic calendar deadlines.

<u>NOTE:</u> Petitions are considered ONLY in the case of extraordinary circumstances (e.g., documented medical emergency) and <u>require supporting documentation</u>.

## PETITIONS WITHOUT SUPPORTING DOCUMENTS ARE DENIED

- 1. Fill out petition form completely and accurately for each course.
- 2. Provide documents that support your petition (e.g., doctor/instructor/advisor statements on letterhead) -- be sure to include <u>specific dates</u> of illness, doctor visits, advisor meetings, etc.
- 3. Turn in the completed form and documentation to the Registrar's Office. You will be billed a \$10 non-refundable processing fee on your student account for filing the petition.
- 4. Indicate if the committee should use your **Local** or **Permanent** Address (circle one).

NAME (Last, First, MI)							I.D. NUMBER		
LOCAL ADDRESS		Street	City	State	Zip		Phone		
						(	)		
PERMANI	ENT ADDI	RESS Street	City	State	Zip		Phone		
						(	)		
Yes	No	Are you receiving VA	Benefits for this sen	nester?					

P	lease check the appropriate box.
	Drop Course(s) – (normal drop deadline is 30 <sup>th</sup> day of semester) <sup>1</sup>
	Withdraw from Course(s) – (normal withdrawal period is from the 31 <sup>st</sup> day through the 9 <sup>th</sup> week) <sup>1</sup>
	Add Course(s) (This requires written instructor approval)
	Add Audit Course (This requires written instructor/advisor approval)
	Letter Grade Change to Pass, Fail Grade (This requires written advisor approval)
	Pass, Fail Grade Change to Letter Grade
	Cancellation of Enrollment (withdrawal from all courses)
	Re-enrollment for a previous semester (This requires payment of outstanding tuition and fees)
	Other (Please Explain.)

<sup>1</sup>For information regarding dropping and withdrawing from courses, see Academic Regulations 67-69 in the WSU catalog.

## Please complete the following course information.

Course Prefix and Number	Spring	Summer	Year 19 or 20_
		Section Number	Amount of Credits
Course Prefix and Number		Section Number	Amount of Credits
Course Prefix and Number	-	Section Number	Amount of Credits
Course Prefix and Number		Section Number	Amount of Credits
Course Prefix and Number		Section Number	Amount of Credits
Course Prefix and Number	:	Section Number	Amount of Credits
Student Signature			Date
Student Signature			Date
For official use only – d	o not write in the space	e below.	
For official use only – d Petition Committee decision:	DENY	APPROVE	HELD for below
For official use only – d Petition Committee decision:	DENY	APPROVE	
For official use only – d	DENY	APPROVE	HELD for below