

Academic Request Petition

Office of the Registrar, 1 W. Firestorm Way, Glendale, AZ 85306 Student Name Student ID Classification & Degree Program □Other: ____ □Fr □So □Jr □Sr □Special Student □BA □AS □BS Major:_____ Request Submitted To: *I respectfully request: Explanation and Details: To my knowledge, I give my word that the above information is correct and accurate. I realize that any adjustments made resulting from an approved petition may impact my financial aid eligibility. **Student Signature** Date **Advisor Comments: Advisor Signature** Date Academic Dean/Registrar Comments: Academic Dean/Registrar Decision: □ Approved ☐ Not Approved **Academic Dean's Signature** Date

Registrar's Signature

Date