



STUDENT INFORMATION:

Name _____ APU Box No. _____ Phone (_____) _____

Home/Commuter Address _____ GPA Last Semester _____

City _____ State _____ Zip _____ Cumulative GPA _____

Email _____ Total College Credits Earned to Date _____

PETITION:

Course No. _____ Course Name _____

Request: _____

Qualifications &/or Purpose: _____

Applicants Signature _____ Date _____

Instructor's Signature _____ Favorable _____

Neutral _____

Unfavorable _____

Director of Honors Program _____ Favorable _____

Neutral _____

Unfavorable _____

Additional comments by those endorsing this petition: _____

Office Use Only

Honors Council Action _____

Signed _____ Date _____

Explanatory Remarks _____
