## **Academic General Petition**



## **Student Section**

Name:	ne: APU ID#:						
Cell phone: ()	Email						
Have you submitted a gra	raduation application? 🗌 Yes 🗌 No 🛛 Are you an athlete? 🗌 Y	Yes 🗌 No					
Are you an international s	student? Yes No						
Check all that apply: Late Schedule Change - Add/Drop Form Required Late Withdrawal Grade Appeal							
Major:							
(If petitioning a specific course) APU course: Course Section: Class#: Term: Instructor Request (please be specific):							
Reason for request (attach supporting documents if necessary):							
Student signature:							
Please submit completed form to SSC. All necessary signatures will be obtained for you. You will receive a copy of this form once a decision has been reached.							
Faculty Sec	tion						

Instructor:		/	_/	Favorable	Unfavorable
Comments (required):					
Program Director or Chair:	Date:	/	_/	Eavorable	Unfavorable
Comments (required):					
Dean:	Date:	/	_/	Eavorable	Unfavorable
Comments (required):					
Other:	Date:	/	/	Eavorable	Unfavorable
Comments (required):					
SSC (Office Use Only)					
Approved Denied Signed:				Date	_/ /
Comments:					
Logged:					Revised 9/22
SSC (White)					Department (Yellow)