Student Petition

Students who wish to petition the Department for consideration of a specific issue (including re-entry or advanced placement) must complete this form (Forms available in the Departmental office.) Please attach a letter detailing the issue and what action you are seeking.

NAME (print): ___________________________________________ VIP ID # __________________________

EMAIL: __________________________________________________________

HOME ADDRESS: __________________________________________________________
_______________________________________________________________________

PETITION REQUEST:

☐ Re-entry into clinical sequence or program  ☐ Advanced Placement

☐ Other (explain)________________________________________________________

SIGNATURE: __________________________________________________________

DEPARTMENT USE ONLY

Student Affairs Committee (SAC) Recommendation:  ☐ Approve Request  ☐ Deny Request

Rationale for Decision: ____________________________________________________________________
_______________________________________________________________________________________

SAC Chair Signature: ___________________________ Date______________________________

Department Chair Decision:  ☐ Approve SAC Recommendation  ☐ Deny SAC Recommendation

Rationale for Decision: ____________________________________________________________________
_______________________________________________________________________________________

Dept Chair Signature: ___________________________ Date______________________________