

# I ILLINOIS MEDIA

## ACADEMIC PETITION

Name \_\_\_\_\_

E-mail \_\_\_\_\_

UIN \_\_\_\_\_

Local address \_\_\_\_\_

Major \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

### INSTRUCTIONS TO THE STUDENT

**Select** the type of petition you are requesting. **Include** a complete explanation of your request and **attach** any required additional forms or supporting documentation. **Sign** the petition. **Submit** the form(s) and documentation to the Student Services Center in room 18 Gregory Hall.

### TYPE OF PETITION

- ☐ LATE DROP of \_\_\_\_\_ (CRN \_\_\_\_\_, taken in semester \_\_\_\_\_) with instructor \_\_\_\_\_. **Attach** Late Course Change form. **Explain** why you could not have known of your deficiencies before the drop deadline and why this course was affected more than others. **Document** that you are ready to resume classes if you have been absent for an extended period of time. **Keep attending class until you receive a decision on this request. Your petition request is not complete until your advisor receives email confirmation from your course instructor stating why you couldn't have known of your deficiencies before the drop deadline.**
- ☐ LATE REQUEST OF CREDIT/NO CREDIT for \_\_\_\_\_ (CRN \_\_\_\_\_, taken in semester \_\_\_\_\_). **Attach** Credit/No Credit form. **Explain** why you could not request the Credit/No Credit option before the established deadline.
- ☐ COURSE SUBSTITUTION to count \_\_\_\_\_ (CRN \_\_\_\_\_, taken in semester \_\_\_\_\_) for \_\_\_\_\_. **Attach** syllabus of proposed class. **Explain** why course is equivalent and why you do not have time to take required course.
- ☐ COURSE RESTRICTION WAIVER for \_\_\_\_\_ (CRN \_\_\_\_\_, taken in semester \_\_\_\_\_). **Attach** instructor endorsement. **Explain** why you need the class this semester and can do well considering that you: (check one or both)
- ☐ have not completed a pre-requisite ☐ are not enrolled in the necessary major
- ☐ CROSS-LISTED COURSE USAGE CHANGE. **Explain** why you want to use \_\_\_\_\_ (CRN \_\_\_\_\_, taken in semester \_\_\_\_\_) toward a different requirement (check one below).
- ☐ Electives outside the College of Media ☐ Area of Specialization ☐ Minor ☐ Other
- ☐ OTHER (please specify) \_\_\_\_\_

**EXPLANATION AND ADDITIONAL DOCUMENTATION** (please attach typed explanation of surrounding circumstances and why this is requested; if applicable, also attach additional documentation such as a health professional's evaluation or instructor's support of your request.)

I attest that the explanation I have provided and any supporting documentation I've attached is complete and accurate.

**STUDENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

----- Faculty and Staff only below this line -----

ADVISOR evaluation of student's history (attach current DARS if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initials and date \_\_\_\_\_

☐ REVIEWER 1 complete (initials \_\_\_\_\_) ☐ REVIEWER 2 complete (initials \_\_\_\_\_)

FINAL REVIEWER evaluation \_\_\_\_\_ ☐ Entered into Portal

DECISION: ☐ Approved ☐ Denied Initials and date student notified \_\_\_\_\_ Processed by \_\_\_\_\_