



Student's Name: _____ **ID Number** _____

Email: _____ **Phone:** _____

Instructions: Complete each section in full. Incomplete petitions will not be considered. Students are responsible for getting all required signatures either in writing on this form or submitted electronically via email.

Submit completed petition: You may scan the completed form and attach to email to registrar@nebrwesleyan.edu. All signatures must be on this form or electronic approval sent via email to registrar@nebrwesleyan.edu. Petitions will not be reviewed until student secures all approvals.

Notification of approval or denial will be sent to you within 10 working days.

SECTION A: TYPE OF REQUEST

Check the appropriate category for your request.

_____ Late addition of course(s)
 Course Dept: _____ Course Number: _____ Course Section: _____ Credits: _____
 Course Title: _____ Term: _____

_____ Late drop of course(s)
 Course Dept: _____ Course Number: _____ Course Section: _____ Credits: _____
 Course Title: _____ Term: _____

_____ Late declaration for pass/fail or grade
 Course Dept: _____ Course Number: _____ Course Section: _____ Credits: _____
 Course Title: _____ Term: _____

_____ Substitution or waiver of general education requirement

_____ Other (specify): _____

SECTION B: REASON FOR REQUEST

State your request for departure from published policy. Provide the specific circumstances, reason(s), and rationale for this request. Print legibly or attach a typed request.

Student Signature: _____ Date: _____

SECTION C: ADVISOR RECOMMENDATION

(If double majoring, both major advisors should sign.)

Advisor Name _____ Approve Disapprove Neutral

Advisor Signature _____ Date: _____

Rationale for approval, disapproval, or neutral:

Advisor Name _____ Approve Disapprove Neutral

Advisor Signature _____ Date: _____

Rationale for approval, disapproval, or neutral:

SECTION D: COURSE DEPARTMENT CHAIR RECOMMENDATION

Dept. Chair Name _____ Approve Disapprove Neutral

Dept. Chair Signature _____ Date: _____

Rationale for approval, disapproval, or neutral:

SECTION E: INSTRUCTOR RECOMMENDATION

Instructor Name _____ Approve Disapprove Neutral

Instructor Signature _____ Date: _____

Rationale for approval, disapproval, or neutral:

SECTION F: SERVICES FOR STUDENTS WITH DISABILITIES RECOMMENDATION (if appropriate)

Disabilities Coordinator Name _____ Approve Disapprove Neutral

Disabilities Coordinator Signature _____ Date: _____

Rationale for approval, disapproval, or neutral:

SECTION G: If this request will result your enrollment dropping below full time, the following signatures may be required.

Financial Aid _____ Approve Disapprove

Athletics _____ Approve Disapprove

Student Housing _____ Approve Disapprove

For Registrar's Office Use Only:

Petition Action: ___ Approved ___ Denied ___ Tabled ___ Notes _____

By: ___ ExecComm ___ Dean or University Registrar on behalf of Exec Comm Date: _____