

Student Name: _____ ID Number _____

Email: _____ Phone: _____

Instructions: Complete each section in full. Incomplete petitions will not be considered. Provide clear rationale and documentation in support of your request. Submit separate forms for each course request. **Deadline for submitting request is Friday before Culmination Week for semester long course or end of 7th week of class for 8-week course.**

Submit completed petition to: NWU Registrar's Office, Smith-Curtis 206. You may scan the completed form (with all signatures) and attach it as an email to registrar@nebrwesleyan.edu.

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

SECTION A: COURSE INFORMATION

(If requesting late withdraw from multiple courses, each course must be a separate request.)

Course Dept: _____ Course Number: _____ Course Section: _____ Credits: _____
Course Title: _____ Term: _____

SECTION B: REASON FOR REQUEST

State your request for withdrawal from course after withdrawal deadline. Provide the specific circumstances, reason(s), and rationale for this request, with appropriate documentation. Print legibly or attach a typed request.

Student Signature: _____ Date: _____

CONTINUED ON REVERSE

SECTION C: ADVISOR RECOMMENDATION

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

Advisor Name (print) _____ Approve ___ Disapprove ___ Neutral ___
Advisor Signature _____ Date: _____
Rationale:

Advisor Name (print) _____ Approve ___ Disapprove ___ Neutral ___
Advisor Signature _____ Date: _____
Rationale:

SECTION D: COURSE DEPARTMENT CHAIR RECOMMENDATION

Department Chair Name (print) _____ Approve ___ Disapprove ___ Neutral ___
Department Chair Signature _____ Date: _____
Rationale:

SECTION E: INSTRUCTOR RECOMMENDATION

Instructor Name (print) _____ Approve ___ Disapprove ___ Neutral ___
Instructor Signature _____ Date: _____
Rationale:

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

Disabilities Coordinator Name (print) _____ Approve ___ Disapprove ___ Neutral ___
Coordinator Signature _____ Date: _____
Rationale:

For Office Use Only:

Date petition received in Registrar's Office: _____
Petition Action: ___ Approved ___ Denied ___ Tabled ___ Other _____
By: ___ ExecComm ___ Dean or University Registrar on behalf of Exec Comm Date: _____
Description/Details of Action: _____

Authorizing Signature: _____

Copies to: _____