

UNIVERSITY OF MICHIGAN – FLINT

SCHOOL OF MANAGEMENT

ACADEMIC REVIEW COMMITTEE

Petition Instructions

Please follow the guidelines listed below to ensure efficient processing of your petition. If you have any questions pertaining to this form, please visit **3180 William S. White Building** or call **(810) 762-3160**.

- **The Committee will NOT review an incomplete petition.** Therefore, provide all information in the appropriate spaces which apply to your request. Include dates, course/section numbers, instructor/advisor names, and a clear, concise, typewritten explanation of the circumstances prompting the request.
- **Documentation that supports a request must be attached to the petition.** For example, include a doctor's statement and/or an employer's statement (on company letterhead) to verify medical conditions or changes in work hours.
- **Signatures are required to ensure a complete petition.** Petitions which do not have the appropriate signatures will not be accepted. Please see below:

Type of Request	Form(s) Required	Comments/Signature's Required
Add or Drop Course after Deadline	*Petition *Supporting Documentation	Petition: Instructor's and advisor's signature. If request involves more than one course, but not all courses, registered for during the semester the instructor comment pages are needed for each course. The advisor only needs to sign once.
Overload	*Petition	Petition: Advisor's signature. You should be careful to include number of credits to be overloaded and/or TOTAL number of credits to be taken for the semester.
Withdraw after Deadline (drop all courses for a semester)	*Petition *Supporting Documentation	Petition: Advisor's signature.
Guest Student: More than one course in a semester (not in last 30 credits). Guest Student: Waive 30 credit hour rule (in last 30 credits).	*Petition *Guest Student Application	Petition: Advisor's signature.
Readmission	*Petition for Readmission	Petition for Readmission: Advisor's signature. An advisor should help you develop your academic plan.

The petition, additional forms, and written documentation should be submitted to the School of Management, 3180 William S. White Building. Petitioners will be notified of the Academic Review Committee's decision one to two weeks after submitting a COMPLETE petition.

The petition and any attachments will be maintained in School of Management files. Upon written request, students may examine this petition in accordance with the Family Educational Rights and Privacy Act of 1974.

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ACADEMIC REVIEW COMMITTEE
Petition Form

Name: _____ UMID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____@umflint.edu

Major: _____ Advisor: _____

Petition decisions are sent to your UM-Flint e-mail account. Please check this box if you would like your letter sent by US mail. If you choose this option, you understand that you will not receive a letter in your email account.

I hereby petition the Committee to take the following action:

Drop -- BOTH instructor and advisor comments/signatures are required on reverse side.

Department	Course & Section Number	Instructor Name	Semester/Year of Course

Add -- BOTH instructor and advisor comments/signatures are required on reverse side.

Department	Course & Section Number	Instructor Name	Semester/Year of Course

Withdraw – (**Drop all classes**) Advisor comments and signatures are required on reverse side.

_____	_____
Semester	Year

Other -- Instructor and/or advisor comments/signatures are required on reverse side.

(Appeal, overload, waiver, etc.)

My signature below verifies that I have attached a clear and substantial, typewritten explanation, supporting documentation and have obtained all required signatures. All information and documentation is true and accurate to the best of my knowledge.

Student Signature

Date

I do not wish to have student members of the Committee review my request.

The Committee requires background information which only you, as INSTRUCTOR and/or ADVISOR, can provide. You may submit your comments using the box(es) below, under separate cover, via email to Brenda Harrison (brendaha@umflint.edu).

INSTRUCTOR'S COMMENTS

- I support the student's request. (Please explain using the questions below.)
- I do not support the student's request. (Please explain using the questions below.)
- No opinion.

1. When did the student first come to you to discuss this problem?

Please provide additional pertinent information.

2. If the student's request is to drop your class, will you please discuss the student's attendance and academic performance (specifying grades)?

3. What is the date of the last assignment submitted by the student? _____ (required for late drops)

4. What was the student's grade at the drop deadline? _____

Instructor's Signature

Instructor's printed name

Department

Date

- Notify me of decision.
-

ADVISOR'S COMMENTS

- I support the student's request. (Please explain using the questions below.)
- I do not support the student's request. (Please explain using the questions below.)
- No opinion.

1. Did the student present adequate documentation for this request (see petition instructions)?

Please provide additional pertinent information.

Advisor's Signature

Advisor's printed name

Department

Date

SOM OFFICE ONLY

Grant _____

Deny _____

Table _____

Signature _____