

**School of Education and Human Services  
Academic Standards Committee**

**P E T I T I O N   I N S T R U C T I O N S**

Please follow the guidelines listed below to ensure efficient processing of your petition. If you have any questions pertaining to this form, please contact **Beulah Alexander, Executive Secretary to the Dean, 410 David M. French Hall, 810-766-6878** or by e-mail to **beulaha@umflint.edu**. You may also fax the completed form (and appropriate attachments) to the attention of **Beulah Alexander** at **810-766-6891**.

- ❖ Use BLACK/BLUE ink (please print clearly) or type your petition. **DO NOT USE PENCIL. Documents which are submitted written in pencil will be immediately returned.**
- ❖ 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 explanation of the circumstances prompting the request.

*Additional pages may be attached if necessary*

- ❖ **Comments and Signatures** are required from the instructor AND the advisor. For petitions regarding policy issues that do not involve UM-Flint course work, only your UM-Flint advisor's signature is required. Petitions which do not have the appropriate signatures will not be accepted.
- ❖ **Additional Documentation** which supports a request should 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.
- ❖ **Additional Forms** may be required in conjunction with the petition. For example:

**Type of Request**

Add/drop course  
Guest student at other institution

**Form Required**

Add/Drop Form (signed by both the instructor & advisor)  
Signed Guest Application

- ❖ To enable the Committee to better serve you, please double-check to ensure that you have included all the required documents.
- ❖ The petition, additional forms, and written documentation should be submitted to **Beulah Alexander, School of Education and Human Services, Academic Standards Committee, 410 David M. French Hall.**

The petition form and any attachments will be maintained in the ASC files for one year. Upon written request, the ASC will allow the student to review this form in accordance with the Family Educational Rights and Privacy Act of 1974.

**DECISION:** Granted \_\_\_\_\_ Denied \_\_\_\_\_ Tabled \_\_\_\_\_ No Action \_\_\_\_\_

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**P E T I T I O N   F O R M**

**Petitioners will be notified of the Academic Standards Committee decision approximately two (2) to three (3) weeks after submitting a *COMPLETED* petition.**

Name: \_\_\_\_\_ UMID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Major: \_\_\_\_\_ Advisor: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Are you currently employed? Yes or No                      If so, how many hours per week? \_\_\_\_\_

**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.)

Reason(s) for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 or e-mail the staff secretary (beulaha@umflint.edu).**

**INSTRUCTOR'S COMMENTS (you may attach additional sheets if necessary):**

1.  **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.**
  
2. Are the reasons stated by the student correct?
  
3. Can you provide additional pertinent information?
  
4. If the student's request is to drop your class, will you please discuss the student's attendance and academic performance (specifying grades)?
  
5. 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 (you may attach additional sheets if necessary):**

1.  **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.**
  
2. Are the reasons stated by the student correct?
  
3. Can you provide additional pertinent information?

\_\_\_\_\_  
Advisor's signature

\_\_\_\_\_  
Advisor's printed name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

**Notify me of decision**