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 contact The School of Education and Human Services Office of the Dean, 444 David M. French Hall, 810-766-6878 or by e-mail at memrich@umflint.edu. You may also fax the completed form (and appropriate attachments) to the attention of Academic Standards Committee 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 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. As a general practice, the Academic Standards Committee looks at supporting documentation to a petitioner's request as to whether or not there were circumstances beyond the student's control which directly impacted the student's ability to be academically successful during the time period under consideration.

  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:

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Form Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add/drop course</td>
<td>Add/Drop Form (signed by both the instructor &amp; advisor)</td>
</tr>
<tr>
<td>Guest student at other institution</td>
<td>Signed Guest Application</td>
</tr>
</tbody>
</table>

- 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 School of Education and Human Services Office of the Dean, Academic Standards Committee, 444 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.
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.

<table>
<thead>
<tr>
<th>Department</th>
<th>Course &amp; Section Number</th>
<th>Instructor Name</th>
<th>Semester/Year of Course</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Department</th>
<th>Course &amp; Section Number</th>
<th>Instructor Name</th>
<th>Semester/Year of Course</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>(appeal, overload, waiver, etc.)</th>
</tr>
</thead>
</table>

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 (memrich@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 □