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 One Riverfront Center 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 or an employer’s statement (on letterhead) to verify medical conditions or changes in work hours.

- The Committee will NOT review an appeal unless there is new information/documentation to consider.

- Signatures are required to ensure a complete petition. Petitions which do not have the appropriate signatures will not be accepted. Please see below:

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Form(s) Required</th>
<th>Comments/Signature’s Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add or Drop Course after Deadline</td>
<td>*Petition</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>*Supporting Documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Typewritten Statement</td>
<td></td>
</tr>
<tr>
<td>Overload</td>
<td>*Petition</td>
<td>Petition: Advisor’s signature. Number of credits that will be overloaded and name of course that will cause overload</td>
</tr>
<tr>
<td></td>
<td>*Typewritten Statement</td>
<td></td>
</tr>
<tr>
<td>Withdraw after Deadline (drop all courses for a semester)</td>
<td>*Petition</td>
<td>Petition: Advisor’s signature.</td>
</tr>
<tr>
<td></td>
<td>*Supporting Documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Typewritten Statement</td>
<td></td>
</tr>
<tr>
<td>Guest Student: More than one course in a semester (not in last 30 credits).</td>
<td>*Petition</td>
<td>Petition: Advisor’s signature.</td>
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<tr>
<td></td>
<td>*Guest Student Application</td>
<td></td>
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<tr>
<td></td>
<td>*Typewritten Statement</td>
<td></td>
</tr>
<tr>
<td>Guest Student: Waive 30 credit hour rule (in last 30 credits).</td>
<td>*Petition for Readmission</td>
<td>Petition for Readmission: Advisor’s signature. An advisor should help you develop your academic plan.</td>
</tr>
<tr>
<td></td>
<td>*Typewritten Statement</td>
<td></td>
</tr>
</tbody>
</table>

The petition, additional forms, and written documentation should be submitted by 5:00 pm to the School of Management, One Riverfront Center, at least 2 days prior to the next meeting. (Please contact SOM for meeting dates.) Petitioners will be notified of the Academic Review Committee’s decision within 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.
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.

<table>
<thead>
<tr>
<th>Department</th>
<th>Course &amp; Section Number</th>
<th>Instructor Name</th>
<th>Semester/Year of Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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>
<tbody>
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**Withdraw** – *(Drop all classes)* Advisor comments and signatures are required on reverse side.

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

**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

For Office Use Only: 
Date Submitted: 
Staff Initials:
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, or 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 add or 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

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**SOM OFFICE ONLY**

Grant _________  Deny _________  Table _________  Signature __________________________