

# PETITION INSTRUCTIONS

College of Arts and Sciences  
Academic Standards Committee

Following the guidelines below will allow an efficient processing of your petition. If you have any questions pertaining to completing this form, please visit **517 French Hall** or call **(810) 762-3234**.

- **The Committee will not review an incomplete petition;** therefore, include dates, course/section numbers, instructor/advisor names in the appropriate spaces, and a clear and substantial typewritten explanation of the circumstances.
- **Documentation** that supports a request must be attached to the petition. For example, include a doctor's statement to verify medical conditions or an employer's statement, on company letterhead, to verify changes in work hours.
- **Signatures are required** to ensure a complete petition. See below:

TYPE OF REQUEST	FORM(S) REQUIRED	COMMENTS/SIGNATURES REQUIRED
<i>Add or Drop Course after Deadline</i>	<i>Petition Supporting Documentation</i>	<i>Petition: Instructor's &amp; Advisor's. 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.</i>
<i>Guest Student - More than one course in a semester (not in last 30 credits)</i>  <i>Guest Student in Last 30 credits - Waive 30-credit Rule</i>	<i>Guest Student Application Petition</i>	<i>Guest App: Advisor &amp; Dept. Chair must sign first. The Dean signs after form is complete and if petition is granted by the ASC. Petition: Advisor's signature.</i>
<b>Overload</b>	<i>Petition</i>	<i>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.</i>
<b>Readmission</b>	<i>Petition for Readmission</i>	<i>Petition for Readmission: Advisor's signature. An advisor should help you develop your academic plan.</i>
<b>*Withdraw (drop all courses for a semester)</b>	<i>Petition Supporting Documentation</i>	<i>Petition: Advisor's signature.</i>

**\*If student wishes to drop all courses for a given semester, see Withdraw section.**

The petition, additional forms, and written documentation should be submitted to the College of Arts & Sciences Dean's Office, 517 French Hall. **Petitioners will be notified of the Academic Standards Committee decision two to three weeks after submitting a COMPLETE petition.**

# PETITION FORM

College of Arts and Sciences  
Academic Standards Committee

Name: \_\_\_\_\_ UMID: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Major: \_\_\_\_\_ Faculty/Department Advisor: \_\_\_\_\_

UM-Flint E-mail Address: \_\_\_\_\_@umflint.edu

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

Please note that there is a **\$20 fee per course** for adding a class after the add deadline. By signing this petition, you acknowledge that you agree to pay the fee.

**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 e-mail to the staff secretary (rbrdwrth@umflint.edu), or personally contact the Committee chairperson or staff secretary.*

**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.**

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

Please provide additional pertinent information.

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

What is the date of the last assignment submitted by the student?

What was the student's grade at the drop deadline? \_\_\_\_\_  
*(required for late drops)*

\_\_\_\_\_  
Instructor's signature

\_\_\_\_\_  
Instructor's printed name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

- Notify me of decision**

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**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.**

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

- Notify me of decision**

**Please return this form to the CAS ACADEMIC STANDARDS COMMITTEE OFFICE, 517 French Hall, when complete.** This form and any attachments will be maintained in the ASC files for one year. Upon request, the ASC will let the student see this form in accordance with the Family Educational Rights and Privacy Act of 1974.