



Registration Petition Form

Name: _____

Given to student by:

Mailing Address: _____

On: _____

City: _____ State: _____ Zip: _____

Returned by student to:

Phone: _____ E-mail: _____

On: _____

Retroactive Action Being Requested:

Effective Quarter: _____

Effective Date: _____

Retroactive Petition

Course add

Refund

Late Add Petition

Course drop

Withdrawal from University

Post-Seventh-Week Drop/Withdrawal Petition

Use of PA/NP option

Other: _____

Cancellation of PA/NP

Course Information:

Add	Drop	Department	Course Number	Credit Hours	Course Number	Instructor's Name
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

Support Requested:

All retroactive adds require permission of both instructor and department chair.

Instructor

Department Chair

Student copy of transaction

Medical evidence

Other: _____

To The Petitioner:

Please explain clearly the reasons for your request. Attach additional pages if needed.

Office Use Only

Decision: Granted Denied Remarks: _____

Done on-line? Yes No | **W?** Yes No | **Fee Reassessment?** Yes No

Should this action result in a cancellation of Academic Dismissal? Yes No

College Signature: _____

Date: _____