



ACADEMIC PETITION

The Academic Petition is designed to address exceptional student-initiated requests regarding academic policy. Petitions will only be accepted for academic matters occurring within the year prior to the date of this petition. Students should be aware the process could take several weeks. Please follow the steps indicated below:

- 1. Complete all fields for student personal information. Local phone number must be current should we need to contact you. Your local address is required so that we may mail you a copy of the processed petition.
2. List ALL course sections that the petition pertains to. If there are not enough rows below, please attach a print-out of your semester schedule and highlight the course sections.
3. Choose Drop/Withdrawal or Reversal of Faculty-Initiated Withdrawal
4. Enter CWC ID or Social Security Number, sign and date this form.
5. State the reason for the petition, provide a detailed statement as to why you feel exception should be made to the Academic Policy and attach the necessary documentation to support the reason.

\*\*\*\*\*

STUDENT'S NAME: LOCAL PHONE

LOCAL ADDRESS: Street City State Zip

I am petitioning for EXCEPTION to the Academic Policy as outlined in the current catalog.

List all course sections below that this petition pertains to:

Table with 5 columns: TERM, DEPT., COURSE NO., SECT. NO., COURSE TITLE. Includes a sample row: 09FALL, MATH, 1000, 02, Problem Solving.

I am petitioning to:

DROP or WITHDRAWAL [RECEIVE A 'W' GRADE]: Students may drop classes up to the published last day to withdraw from semester length classes. The last day to withdraw for non-semester length classes is the last day of the class.

REVERSAL OF FACULTY-INITIATED STUDENT CLASS WITHDRAWAL: Instructors may at their option, indicate official withdrawal from a class for currently enrolled students when the student has abandoned the class.

I HAVE READ THE REFUND POLICY IN THE CATALOG, AND I UNDERSTAND THE CONTENTS OF THAT PARTICULAR WRITTEN POLICY.

CWC ID # or SS#

Petitioner's Signature

Date



**FOR OFFICE USE ONLY**

\*\*\*\*\*

FINANCIAL AID OFFICE:

Yes / NO = Title IV Federal Aid

Yes / NO = Other Funding

Disbursement Date: \_\_\_\_\_

Recommendation of Financial Aid Office:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

ASSISTANT DEAN OF ENROLLMENT SERVICES: Approved Date: \_\_\_\_\_ Denied Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

VP OF ACADEMIC SERVICES: Approved Date: \_\_\_\_\_ Denied Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

DATE SENT TO STUDENT: \_\_\_\_\_

BACK DATE IF USED: \_\_\_\_\_

INITIALS of Records Staff: \_\_\_\_\_