

Petition for Special Consideration of Academic Policy or Procedure

Section A: Student Information

Full Name: _____

Student ID: _____

Program / Major: _____

Year / Level of Study: _____

Contact Email: _____

Phone Number: _____

Section B: Request Details

Policy/Procedure Affected (e.g., exam date, course requirement):

Specific Request (e.g., reschedule exam from 10 Nov to 15 Nov):

Course Code and Title: _____

Faculty Member's Name: _____

Section C: Reason for Request

(Attach supporting documentation such as medical certificates, travel documents, or other evidence as required). Explanation (provide clear justification):

Section D: Student Declaration

I declare that the information provided is true and accurate to the best of my knowledge. I understand that incomplete forms or lack of supporting documentation may result in denial of this petition.

Signature of Student: _____ Date: _____

Received by _____

Date received by college _____

Section E: Faculty Member Recommendation (if applicable)

Support Request Do Not Support Request

Comments:

Faculty Signature: _____ Date: _____

Section F: Dean's Office Decision

Approved Denied

Conditions (if any):

Dean's Signature: _____ Date: _____