



Academic Request Petition

Office of the Registrar, 2625 E. Cactus Road, Phoenix, AZ 85032

Student Name _____ Student ID _____

Classification & Degree Program

Fr So Jr Sr Special Student AA BA BS Other: _____

Major: _____

Request Submitted To: _____

*I respectfully request: _____

Explanation and Details: _____

To my knowledge, I give my word that the above information is correct and accurate.

Student Signature _____ Date _____

Advisor Comments: _____

Advisor Signature _____ Date _____

Academic Dean's or Committee's Comments: _____

Academic Dean's or Committee's Decision: Approved Not Approved

Academic Dean's Signature _____ Date _____ CFO Signature _____ Date _____

*If financial impact is related to this petition, the CFO signature is also required

Registrar Signature _____ Date _____

*Adjustments made resulting from an approved petition may impact your financial aid eligibility.