

## **ACADEMIC PETITION**

This form is to be used by students to request variations from stated academic policies and procedures. **Obtain a recommendation from your faculty advisor** and email this petition to registrar@wheaton.edu.

Name		Student ID	Date
Classification:	Other	Phone	
Major	CPO Box #		
Purpose of Petition:			
What is the rationale to justify this petition? (U.	se additional she	eet if needed)	
Student Signature			
Recommendation of Student's Advisor:	Support	Do not support	Will send separately
Advisor's Signature (required)			<u> </u>
Return petition to Registrar's Office for appropersion on this petition to be made by: (person, or	priate action.	nmittee)	
1 7 U 7	1 ,	,	
FINAL ACTION: This petition is	CO	OMMENTS:	
GRANTED □ DENIED □			
Signed			
Title			
Date	I	Final Decision – Email	to Student and Advisor   Rev. 6/202