



This form is for students who have experienced a situation such as extended hospitalization.

Limited to only one week's worth of assignments.

STUDENT TO COMPLETE

First Name:

Last Name:

Student ID:

E-mail Address:

Phone number:

Degree Program:

Course No. and Title: ~~XXXXXX~~

Year:

Session: A

Success Coach's Name:

Instructor's Name:

Student Signature:

Date:

Signature required

Directions: Student is to email petition (an explanation on page 2 is required) to instructor using the university student account. Supporting documentation must also be provided substantiating reason for petition. Student is responsible for notifying the instructor when work has been resubmitted if petition is approved.

*Please refer to the Late Work Policy in the Academic Policy Section of the university catalog.

Instructor to Complete

Assignments or exams needed to complete:

- 1. _____
2. _____
3. _____
4. _____

Approximate final grade if work is not completed: _____

Date to be Completed

Four horizontal lines for date entry

Instructor Signature: _____ Date: _____

Please provide rationale for submitting petition:

Please list type of documentation you are attaching: