

**Important: Complete this cover sheet in its entirety and place a copy on top of each set.**

**Full Name**

---

**Student ID Number**

---

- 1. Address to mail letter 2. Permanent mailing address  
3. P.O. Box (if applicable)**

---

---

---

Chose one: 1. Letter to be picked up \_\_\_\_ Mail letter to address specified \_\_\_\_

Student should use the address to which you elect to have letter mailed, and for verification purposes include permanent residence address; include up to three addresses:  
1. address to mail letter; 2. Campus P.O. Box. (*Campus p.o. box is not applicable to students who live off campus.*); 3. permanent mailing address

**Give summary of request, be specific:** (for example, request for full medical withdrawal; request to satisfy general education requirement with work already completed; request for waiver, exception to general education requirement; request for exception to 64-hour transient study rule; permission to overload, etc.)

---

---

---

Support Documentation is attached. State who has provided the documentation and provide contact information when appropriate.

---

---

Petitions without supporting documentation will not be heard.

**Date submitted:** \_\_\_\_\_