

OFFICE OF THE REGISTRAR

Academic Petition Form

Student Portion (to be compl	eted by the Student)		
Student Name (Last, First)		Phone Number	
Student ID#	Graduation Year	Year Date	
Reason for Petition Late	Add Late Drop	p/Withdrawal	Course Overload
Part-	-Time Status Requirem	nent Exception	Other (please specify)
If required, fill out course information:			
Course # (e.g. ALS 300)	Section #	Course Title	
Instructor	Module Semeste	r Fall Spring	g Year
For course overload or part-time statu	s, have your Program Director o	complete the Advisor po	rtion of the form below.
Provide a rationale for your request. You	ou may attach additional pages	if necessary.	
When this portion is complete, email t	his form to your Instructor and A	Advisor. They will send t	to the Registrar.
Instructor Portion (to be completed by the Instructor)			
Please comment on the student's ratio	nale statement above. You may	attach additional pages	if necessary.
Printed Name	Signature		Date
Email this form to registrar@kgi.edu			
Advisor/Doop Portion (to be o	a ampleted by the Advise	or Doop)	
Advisor/Dean Portion (to be o		•	
Please comment on the student's ratio	nale statement above. You may	attach additional pages	if necessary.
Printed Name	Signature		Date

Email this form to registrar@kgi.edu