

INSTRUCTOR'S STATEMENT

Instructors: Please use ink. *Return completed form to the student.*

Students: Attach completed and signed form to your General Petition.

Today's Date: _____

Instructor's Name (print): _____

Petitioning Student's Name: _____

Petitioning Student's ID#: _____

GENERAL PETITION



Questions:

Call Registration and Transcripts
at 520-621-7810 or the General
Petition Office at 520-626-5896

COURSE BEING PETITIONED (ONE COURSE ONLY PER FORM)

Course Prefix	Course Number	Course Section	Number of Units	Semester Taken

CHOOSE ONE ITEM ONLY TO INDICATE THIS STUDENT'S REQUEST

Retroactive Withdrawal: According to class records:

Student stopped attending class on: _____ (date) Grade earned at that time: _____

Was there a final exam in this course? Yes _____ No _____

If so, did the student take the final exam? Yes _____ No _____

This student never attended my class: _____

Comments: _____

Instructor Signature: X _____

Date: _____

Retroactive Registration

According to my records, this student attended my class and earned a final grade.

Instructor Signature: X _____ Date: _____

Extension of Incomplete grade that has turned to an E

I will help this student complete the above-listed course by the end of _____ semester or by this date: _____

Instructor Signature: X _____ Date: _____

Attention Petitioner: In the event you are unable to locate the instructor of this course, the head of *this course's* department must complete this form.

Department Head's Signature: _____ **Date:** _____