

PETITION FOR ACADEMIC RENEWAL

Administration Building, Room 210 PO Box 210066 Tucson, AZ 85721-0066 Phone: 520-621-3113 · Fax: 520-621-8944	THE UNIVERSITY OF ARIZONA [®] TUCSON ARIZONA REGISTRATION AND TRANSCRIPTS	Website: http://registrar.arizona.edu E-mail: REG-reghelp@email.arizona.edu
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STUDENT INSTRUCTIONS

1. Print an unofficial transcript from UAccess Student Center: <http://uaccess.arizona.edu>/ Student Center includes courses completed Spring 1988 and later. If you attended prior to 1988, obtain an unofficial copy of your transcript from the Office Registration and Transcripts.
2. Complete this form and the attached worksheet.
3. Make an appointment with your college academic advisor.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Phone</i>	<i>Date of Birth</i>	<i>Student Identification Number</i>
<i>Official UA Email Address</i>		<i>College</i>
		<i>Major</i>

The Office of Registration and Transcripts will verify your eligibility for Academic Renewal. If this petition is approved, you will be notified by official UA email at the address you provide above.

I Request Academic Renewal for the Following Consecutive Semesters

Semester (e.g. Fall, Spring, Summer I or Summer II)	Year	Semester Summer Session = ½ semester	
		1 semester <input type="checkbox"/> OR ½ semester <input type="checkbox"/>	I have read and understand the Academic Renewal Policy, on http://catalog.arizona.edu , and completed the attached Academic Renewal Worksheet.
		1 semester <input type="checkbox"/> OR ½ semester <input type="checkbox"/>	
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		1 semester <input type="checkbox"/> OR ½ semester <input type="checkbox"/>	
Total Semesters (must be less than 5)			<i>Student Signature</i>
			<i>Date</i>

ACADEMIC ADVISOR GENERAL INSTRUCTIONS

Review the catalog policy (<http://catalog.arizona.edu>) and requirements on the Academic Renewal Worksheet and discuss the academic implications of this action. If the student has a certified AGECE (Arizona General Education Curriculum) with UA courses taken in the terms to be disregarded, the student must complete those requirements along with any other courses needed for the degree. Forward completed form to: Registration and Transcripts, Student Records Management, Administration Building, Room 210, PO Box 210066, Tucson, AZ 85721-0066.

NOTE: If the student has **not** met one or more of the Academic Renewal requirements, this form should **not** be forwarded.

I have advised the above named student regarding the consequences of Academic Renewal.

<i>Print Advisor Name</i>	<i>Advisor Signature</i>	<i>Date</i>

<i>office use only</i> Processed by: _____ Date: _____ Approved <input type="checkbox"/> Denied <input type="checkbox"/>	<i>office use only</i> Grade Point Average Old: _____ Interval: _____ New: _____
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Last Name

Student File Number

