

INSTRUCTOR'S STATEMENT

Instructors: 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



THE UNIVERSITY OF ARIZONA

Office of the Registrar

For questions or assistance in completing the form, contact the Office of the Registrar at 520) 621-3113

reghelp@email.arizona.edu

<https://www.registar.arizona.edu>

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:** _____