

Student Petition

Cleveland State University

University Petition

Directions to the student: Word your statement carefully and clearly on the reverse side of this form. Be sure to provide a clear rationale for why this request should be granted. You should be aware that hard-to-read or grammatically incorrect petitions tend to be denied. Give the petition to your academic advisor. Your advisor will make a recommendation and then forward your petition to your College Dean. Incomplete or ambiguous requests will be returned for clarification without action.

Name: _____ Date: _____

CSU ID: _____ Date of Birth: _____

Address: _____

College:
 Liberal Arts-- CLASS Science-- COS
 Business Administration Education
 Engineering Urban

Telephone: _____

Credit hours earned (excluding current term): _____ Proposed graduation date: _____

Cumulative G.P.A.: _____ Major: _____

Current Course Schedule: (Indicate course department, number, and credit hours): **Semester/Year:** _____

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

Purpose of Petition:

- Waiver of a University Requirement:** *(Specify University requirement and number of credit hours.)*
Requirement: _____ Hours: _____
- Application of Unapproved Course Toward Writing Across the Curriculum Requirement:** *(Specify course and obtain recommendation from Director of WAC).*
Course: _____ Semester: _____
- Application of Unapproved Course Toward a University Requirement:** *(Specify course, University requirement, and obtain recommendation from department through which the course is offered.)*
Course: _____ Requirement: _____ Semester: _____
- Waiver of CSU Residence Requirement (final 30 hours):** *(Specify number of credit hours, course(s) to be completed and college/university to be attended.)*
Credit hours: _____ Course(s) _____ Coll/Univ _____ Semester: _____
- Exemption from University Policy Governing Transient Status at a Community College:** *(Specify course(s) to be completed and college to be attended.)*
Credit hours: _____ Course(s) _____ Coll/Univ _____ Semester: _____
- Restoration of University Catalog Rights:** *(Specify year of catalog rights to be restored.)* Year: _____
- Other: _____

Please use this space to provide a clear rationale for why your request should be granted. If you need more room, use additional sheets of paper.

With my signature, I hereby authorize the Petitions Committee to review any pertinent academic records:

Student Signature: _____

Comment of Advisor:

I support _____ / I do not support _____ this petition.

Please give reasons: _____

- Dr.
- Mr.
- Ms.

Advisor's Name (please print)

Advisor's Signature

Title

Department

Date