



# FLORIDA ATLANTIC UNIVERSITY

777 Glades Road ■ P.O. Box 3091  
Boca Raton, Florida 33431-0991

Phone: (561) 297-3050

Fax: (561) 297-2756

OFFICE OF THE REGISTRAR

## ACADEMIC PETITIONS COMMITTEE UNDERGRADUATE PETITION

Name \_\_\_\_\_

Student No. \_\_\_\_\_

Address \_\_\_\_\_

I am requesting:

- ☐ Waiver of Graduation Requirements      ☐ Drop Specific Course(s) \_\_\_\_\_
- ☐ Total Withdrawal for a Specific Term \_\_\_\_\_
- ☐ Reinstatement into FAU\*
- ☐ Other: \_\_\_\_\_

\*If you have attended another college or university since your last enrollment at FAU, please list and request that official transcripts be sent directly from the Registrar to the Office of the Registrar at FAU.

\_\_\_\_\_  
(College or University)

\_\_\_\_\_  
(Dates of Attendance)

**IMPORTANT: Attach a typewritten statement of your request describing the extenuating circumstances of the option you checked above. Petitions are not considered complete without the required documentation and will be held back until the supporting documentation is received. (Attach documentation such as medical records, letter from faculty advisor, instructor, etc., when pertinent.)**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Signatures of Interviewers:

College \_\_\_\_\_ Date \_\_\_\_\_

Student Affairs \_\_\_\_\_ Date \_\_\_\_\_

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### For Registrar Office Use Only

#### ACADEMIC PETITIONS COMMITTEE UNDERGRADUATE PETITION NOTIFICATION

Your petition was presented to the Academic Petitions Committee on \_\_\_\_\_

**ACTION TAKEN:**    ☐ Approved    ☐ Denied    ☐ Deferred

Comment: \_\_\_\_\_

**If you have any questions concerning this action, please contact your College Representative.**

**Chair, Academic Petitions Committee** \_\_\_\_\_