

Academic Petition

100 Seymour Road, Utica, New York 13502 • Phone: (315)792-7262

Used to request waivers of college policy.

Instructions: Be specific and include all relevant information to support your request. Attach additional sheets as needed. Please submit the completed petition to your instructor or advisor who will forward the form for appropriate approvals.

Student Name: _____ SUNY Poly ID: _____

Program/Major: _____

Address: _____
Street City State Zip

E-mail: _____ Phone: _____

Specific Action Requested: _____

Justification: _____

Student's Signature Date

Instructor – Comments or signature as needed. Approved Disapproved

Required Signatures

Additional signatures that may be required will be obtained by the Registrar's Office

Signature of Advisor Date Approved Disapproved Signature of Provost Date Approved Disapproved

Signature of Academic Chair/Dean Date Approved Disapproved Signature of President or SVP/COO Date Approved Disapproved

Signature of Registrar Date Approved Disapproved Signature of Bursar/Financial Aid Date Approved Disapproved

Comments: _____

Registrar's Office Use Only:

Distribution by Registrar's Office ONLY
Copy will be sent to student's SUNY e-mail.

Distributed by: _____ Date: _____