

PETITION FORM

STUDENT INFORMATION

Name:	NetID (i.e. username):	Email:	Phone:
Address:	City:	State:	Zip Code:

COURSE INFORMATION

Course Title	Confirmation #	Enroll Date	Expire Date
1.			
2.			

REQUEST

Policy:	<input type="checkbox"/> Exam Retake	<input type="checkbox"/> Resubmission	<input type="checkbox"/> Withdraw/Voucher	<input type="checkbox"/> Refund	<input type="checkbox"/> Extension	<input type="checkbox"/> Other:
Reason:	<input type="checkbox"/> Medical/Clinical	<input type="checkbox"/> Graduation	<input type="checkbox"/> Personal/Family	<input type="checkbox"/> Other:		

STUDENT STATEMENT

Please provide a detailed statement explaining your extenuating circumstances and reason for requesting an exception to BYU Independent Study Policy.

SUPPORTING DOCUMENTATION

Attach all documentation from physicians, employers, counselors, etc. in support of your request. Your petitions will only be reviewed after all supporting documentation has been received by the Petitions Committee.

SIGNATURE AND SUBMISSION

I hereby permit the supporting individuals to provide BYU Independent Study with information pertaining to my request and understand that notification of the Petitions Committee's decision will be sent via email.

Signature:	Submit this form via email, fax, or mail. The addresses/numbers can be found in the top right corner of this form.
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