

## **Undergraduate Student Petition**

(When complete, forward to the Office of The Registrar)

GCID: <u>911-</u>	Major:	Adviser:	GPA:
tudent's Name:	Last	First	Middle
Nailing Address:			
assification: (circle one)	Street or P.O. Box FR. SO. JR. SR.	City	State Zip
ussiliculion. (circle one)	FR. 30. JR. 3R.		
nail Address:		Phone Number:	
Request: (include reason)	Consult academic adviser and	attach additional sheet(s) if necessary.	
		Student's Signature	
	for petitions concerning Major	Requirements, Area F, Exclusion, and other exce	eptions to Academic Policies not
covered in #3 below.			
Recommendation: Appro	oval/Disapproval		
Comments:			
		Adviser's Signature	Date
Recommendation: Appro	oval/Disapproval		
Comments:			
		Department Chair of the major	 Date
		Department Chair of the major	Dule
Approved/Disapproved			
Comments:			
		College/School Dean of the major	Date
petition and forward to Offi	ice of The Registrar, Parks Hall,	atory Curriculum, and Degree Requirement Exc or mail to Georgia College & State University, O Support or Regents classes should be referred	ffice of The Registrar, Campus Bo
Chair of Academic Assistar	nce Department Date	Registrar	Date
orward to the Office of The Re	egistrar:		
		Processed by	 Date
		,	
ervices. For procedures see he student and adviser will re	Right of Petition in the undergro eceive a copy of this form after	it has been processed by the Office of The Regi	
ervices. For procedures see he student and adviser will re	Right of Petition in the undergro	iduate catalog. it has been processed by the Office of The Regi	