

APPLICATION FOR MISCELLANEOUS PETITION
Denison University Granville, Ohio

This application must be prepared and accompanied by the required signatures. The form must be properly completed, typed, and filed with the Registrar's Office.

Name: _____ D#: _____

Box Number: _____ Email: _____ Expected Grad Year: _____

- I. Students should not assume that filing a petition assures a favorable response. While a petition is in process, students are responsible for all related matters associated with the course or situation (i.e. A student is responsible for all course work, assignments, and class attendance while the said petition for dropping that course is under review). Favorable recommendations by advisors/instructors/chairpersons are important, but do not guarantee passage of the petition.
- II. Appeals to matters decided by the Academic Standing Board shall be submitted in writing to the Registrar. To receive consideration, an appeal must be full and complete upon submission, including the basis for an appeal, and must be submitted no later than five business days after the date of written notification. Appeals shall only be heard based upon a claim of new information or a claim of procedural violation.
- III. With extenuating circumstances and evidences of careful planning, a student may petition twice during their career at Denison to take up to 20 hours and waive the excess hours fee. Any such request should be made prior to the beginning of the semester in question.
- IV. I respectfully ask permission to:
- V. Reasons/Rationales: (Submit separate page for additional comments)
- VI. NOTE: This petition must be signed by at least two professors, preferable the student's advisor and the instructor or instructors involved in this petition.

1st Signer: Name: _____ Signature: _____ Date: _____

Dept. Chair Advisor Instructor Other (Explain) _____

I have read the student's attached petition/personal statement and recommend the following:

Favorable Consideration Consideration without Opinion Unfavorable Consideration

2nd Signer: Name: _____ Signature: _____ Date: _____

Dept. Chair Advisor Instructor Other (Explain) _____

I have read the student's attached petition/personal statement and recommend the following:

Favorable Consideration Consideration without Opinion Unfavorable Consideration

3rd Signer: Name: _____ Signature: _____ Date: _____

Dept. Chair Advisor Instructor Other (Explain) _____

I have read the student's attached petition/personal statement and recommend the following:

Favorable Consideration Consideration without Opinion Unfavorable Consideration

Registrar's Use Only			
Tabled	Denied	Approved	Personal Appeal