

Arcadia University
PETITION FOR EXCEPTION TO ACADEMIC POLICY
WITHDRAW FROM COURSE REQUEST
(to be used after eleventh week of semester)

Date: _____

First Name Initial Last Name

Current Address OR Residence Hall Room No. Phone Number

Full-Time _____ **Part-Time** _____

Course Number & Title: _____

(Note: Student must continue to attend class until notified of approval to withdraw.)

Total credits for current term if withdrawal is approved: _____

State in full the reason(s) for the request (use back of form if necessary for explanation)

Student Signature _____

Advisor Recommendation:

I support / do not support this petition (use back of form if necessary for explanation)

Printed Name Signature Date

Course Department Chairperson Recommendation

I support / do not support this petition (use back of form if necessary for explanation)

Printed Name Signature Date

Instructor Recommendation

I support / do not support this petition (use back of form if necessary for explanation)

Please indicate if student is currently passing or failing the course _____

Printed Name Signature Date

Submit completed form to Office of Undergraduate Studies, Taylor 112.

APPROVED: _____ DATE: _____

DENIED: _____ DATE: _____