



WEBER STATE UNIVERSITY

Office of the Registrar

Student Services Center Room 101

801-626-6100

Email: academicpetitions@weber.edu

Office of the Bursar

Miller Admin Room 103

801-626-7004

Email: waivers@weber.edu

For assistance completing this form, reach out to academicpetitions@weber.edu

STUDENT INFORMATION

Name: _____ Student ID (W#): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ WSU Email: _____ mail.weber.edu

WHICH OF THE FOLLOWING APPLY TO YOU? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> I am receiving financial aid and/or scholarships* | <input type="checkbox"/> I am a WSU student athlete |
| <input type="checkbox"/> I am receiving third party/employer tuition benefits | <input type="checkbox"/> I am an international student |
| <input type="checkbox"/> I am receiving military/veterans' benefits* | <input type="checkbox"/> I live in WSU Housing |
| <input type="checkbox"/> None apply | |

* Students receiving financial aid, scholarships, or Veteran's benefits may be required to repay all or part of their tuition.

REASON FOR PETITIONING

Indicate what happened that prevented you from following university policy. Your reasons may qualify for the Registrar, the Bursar, both, or neither. Some reasons that MAY qualify are listed below.

- | | |
|---|--|
| <input type="checkbox"/> Medical or psychological issue | <input type="checkbox"/> Military obligation |
| <input type="checkbox"/> Death in Immediate family | <input type="checkbox"/> Legal Issue |
| <input type="checkbox"/> Personal/family Issue | <input type="checkbox"/> Victim of crime |
| <input type="checkbox"/> Change in policy | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Other (Please Explain) _____ | |

RECORDS AND REGISTRATION PETITION

Complete this section if you are petitioning to add, cancel, or withdraw from one or more courses.

Semester you are petitioning for: _____

Which of the following would you like to petition for? Select all that apply

- | | |
|---|--|
| <input type="checkbox"/> Add course after deadline | <input type="checkbox"/> Cancel course after deadline |
| <input type="checkbox"/> Selective Withdrawal (one or more courses) | <input type="checkbox"/> Complete Withdrawal (all courses) |
| <input type="checkbox"/> Other: _____ | |

Course Information

CRN	Course Name & Number

GRADUATION

Complete this section if you are petitioning for an exception to graduation policy.

☐ Adjust Graduation Requirements

☐ Adjust Degree Posting Date

☐ Other: _____

SUPPORTING DOCUMENTATION

This form MUST be accompanied by supporting documentation in order to be complete. Only complete petitions will be reviewed.

Supporting documentation MUST include a letter of explanation from you, including:

- *The policy for which you are seeking an exception, as indicated in your form.*
- *A brief description of your situation, including:*
 - *Your reasons for seeking an exception to policy*
 - *The circumstances that prevented you from following university policy, including requirements and deadlines*

Additional documentation MAY be required to complete your petition, including instructor verification form(s) or third-party documentation, such as a letter from your medical provider.

Requirements for additional documentation depend upon your request and your situation. It is YOUR responsibility to review the documentation requirements for petitions. You can find them at:

weber.edu/AcademicPetitions/Petition_Process.html. Reach out to academicpetitions@weber.edu if you are unsure about whether additional documentation is required for your petition.

STUDENT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Registrar's Office

☐ Student has no prior Ws ☐ Student has prior Ws ☐ Student has already withdrawn; review not needed

Academic Standing:

☐ Good ☐ Warning ☐ Probation

Committee decision:

☐ Modified ☐ Approved ☐ Denied

Reasoning: _____

OFFICE OF THE REGISTRAR SIGNATURE

DATE

Bursar's Office

Committee decision:

☐ Modified ☐ Approved ☐ Denied

Reasoning: _____

Refund % or Amount: _____

OFFICE OF THE BURSAR SIGNATURE

DATE