



**Student Request to:**

**PETITIONS TO ADD: Please be aware additional tuition and fees may be assessed.**

1. Subject	Course #	CRN	Title	Instructor	Graded or P/N	Credits	Year/Term
------------	----------	-----	-------	------------	---------------	---------	-----------

**Email from instructor UO address serves as signature.**

~~Instructor Handwritten Signature (required for consideration)~~ \_\_\_\_\_

Date \_\_\_\_\_

Dept Stamp indicated in email from department personnel using UO acct.

Please print instructor name: \_\_\_\_\_

2. Subject	Course #	CRN	Title	Instructor	Graded or P/N	Credits	Year/Term
------------	----------	-----	-------	------------	---------------	---------	-----------

**Email from instructor UO address serves as signature.**

~~Instructor Handwritten Signature (required for consideration)~~ \_\_\_\_\_

Date \_\_\_\_\_

Dept Stamp indicated in email from department personnel using UO acct.

Please print instructor name: \_\_\_\_\_

**PETITIONS TO DROP WITHOUT A RECORDED "W": Student must withdraw from the course before petitioning for no "W".**

Subject	Course #	CRN	Title	Instructor	Graded or P/N	Credits	Year/Term
---------	----------	-----	-------	------------	---------------	---------	-----------

**The instructor MUST INITIAL one of the following reasons for recommending the approval of this change:**

- \_\_\_\_\_ Student was ill or injured during the first week of the term and unable to drop the course before the deadline.
- \_\_\_\_\_ Department changed the course meeting date/time and student was unable to participate.
- \_\_\_\_\_ Student has not met the prerequisite(s) for this course. (Approval granted only within the first two weeks of the term.)
- \_\_\_\_\_ Student was incorrectly placed at this level; registration in \_\_\_\_\_ is recommended.  

Subject/Course #/CRN
- \_\_\_\_\_ Student is enrolling in another section of the same course. (see ADD above)
- \_\_\_\_\_ Other (Instructor statement required on reverse side)

**Email from instructor UO address serves as signature.**

~~Instructor Handwritten Signature (required for consideration)~~ \_\_\_\_\_

Date \_\_\_\_\_

Dept Stamp indicated in email from department personnel using UO acct.

Please print instructor name: \_\_\_\_\_

**PETITIONS TO WITHDRAW WITH A RECORDED "W" (current term only): \*\*\* For past terms, contact Academic Advising, 364 Oregon Hall.**

Subject	Course #	CRN	Title	Instructor	Graded or P/N	Credits	Year/Term
---------	----------	-----	-------	------------	---------------	---------	-----------

**The instructor MUST INITIAL one of the following reasons for recommending the approval of this change:**

- \_\_\_\_\_ Student was ill or injured and unable to drop the course before the deadline.
- \_\_\_\_\_ Other (Instructor statement required on reverse side)

**Email from instructor UO address serves as signature.**

~~Instructor Handwritten Signature (required for consideration)~~ \_\_\_\_\_

Date \_\_\_\_\_

Dept Stamp indicated in email from department personnel using UO acct.

Please print instructor name: \_\_\_\_\_

**OFFICE USE ONLY**

Approved  Denied

Petition Fee: \_\_\_\_\_

Student notified of tuition change  SFAREGS  SFAINDV  Student Notified: Sent  In person   
 Comments: SFASLST/SHACRSE

Received By: \_\_\_\_\_ Date: \_\_\_\_\_