

Petition to the Academic Requirements Committee

Use this Petition to Add, Drop Without a Recorded W, or Withdraw with a Recorded W

Return to:
 Office of the Registrar
registrar@uoregon.edu

Approved petitions are subject to a fee of \$25-\$50. If the petition is for initial registration for the term, a \$100 late registration fee may apply after the 4th week of the term.

Name: _____ UO ID Number: _____
Last First MI

Address: _____
Street City State Zip

E-mail: _____ Phone: () _____

PETITION GUIDELINES

**** READ CAREFULLY ****

You are requesting an exception to a faculty-established policy or academic deadline. You are required to provide evidence of compelling circumstances which would warrant approval. Present all information in a clear and concise manner and return your completed petition immediately.

Please note: the ARC does **not** consider the following to be circumstances which warrant an exception to the policies or deadlines:

- | | |
|---|---|
| • Dissatisfaction with a grade | • Dates that midterms/grades were given, posted or returned |
| • Ignorance/confusion about the deadline date | • Failure to carefully check registration and bills on <i>DuckWeb</i> |

For approval of any petition, the following are mandatory:

- ✓ Instructor signature
- ✓ Department stamp

Please allow at least ten working days to be notified of a decision on your petition. If you have questions about a registration petition, contact a Student Records Specialist in the Office of the Registrar, 234 Oregon Hall, (541) 346-2935.

Petitions to withdraw from all classes or to withdraw with a W from a course after the term is over are reviewed by the Scholastic Review Committee. Contact the Office of Academic Advising, 101 Oregon Hall, (541) 346-3211.

STUDENT STATEMENT:

Explain why you missed the deadline. What extenuating circumstances justify granting this petition? Write legibly and attach a second page if needed.

Student Handwritten Signature _____

Date _____

INSTRUCTOR STATEMENT - Please indicate why the requested action is appropriate.

Instructor Handwritten Signature _____

Date _____

Please print instructor name: _____

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
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Instructor Handwritten Signature (required for consideration) _____

Date _____

Dept Stamp Required

Please print instructor name: _____

2. Subject	Course #	CRN	Title	Instructor	Graded or P/N	Credits	Year/Term
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Instructor Handwritten Signature (required for consideration) _____

Date _____

Dept Stamp Required

Please print instructor name: _____

PETITIONS TO DROP WITHOUT A RECORDED "W": If "other" is initialed in the section below, an instructor's statement is required.

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

Instructor Handwritten Signature (required for consideration) _____

Date _____

Dept Stamp Required

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
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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)

Instructor Handwritten Signature (required for consideration) _____

Date _____

Dept Stamp Required

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: _____