



Office of the Dean of Instruction

Date: _____

Student Name: _____ Student ID: _____

Phone: _____ Email: _____

For what reason are you here to see the dean?

Petition to:

Repeat Course

Overlapping Class

Late Add

Extenuating Circumstance

Speak about a course or instructor:

Section #: _____ Course Name: _____ Instructor Name: _____

Other (Describe Below)

Provide your comments and/or concerns:

For office use only: Seen Before? Yes No

Same Different Outcome of previous: _____



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