PETITION TO COMMITTEE ON ACADEMIC PROGRESS
OFFICE OF THE REGISTRAR • LAFAYETTE COLLEGE

Students in the part-time studies program should return form to the Office of Part-time Studies. All other should return form to the Office of the Registrar. Please print clearly.

Name: ___________________________ Student ID #: ________________________
Campus E-Mail Address ___________________________ Class: __________ Term GPA: ______
Campus Box #: ___________________________ Degree: __________ Cum GPA: ______
Daytime Phone #: ___________________________ Major: __________

I hereby petition the Committee to permit me to: ___________________________ Student Signature: ___________________________ Date: __________

☐ Change Curriculum (Degree) from __________ to __________ Please list both if requesting two degrees.
☐ Change Major from __________ to __________
☐ Add Minor Program in __________
☐ Schedule Overload / Light Load of _____ Courses
☐ Course Substitution __________ for __________
☐ Pass / Fail Grading in __________
☐ Audit Grading in __________
☐ Waiver of Curricular Course Requirement / Waiver of Academic Regulations
   Explain: __________________________________________________________________________
☐ Late Course Registration in __________
☐ Late Course Withdrawal in __________
   A course add form or withdrawal form must accompany this petition. Courses added after the 2nd week or course withdrawals without a failing grade after the 11th week are considered only under EXCEPTIONAL circumstances.

☐ Other: __________________________________________________________________________

Reasons: __________________________________________________________________________

All requests must include a reason for the request. Please use reverse side of first page if you need more space.

STUDENTS - DO NOT WRITE BELOW THIS LINE

Advisor Recommendation: ___________________________ Comments: ___________________________
☐ Approval ___________________________ Denial ___________________________
☐ No Recommendation ___________________________ Signature: ___________________________ Date: __________

Department Recommendation: ___________________________ Comments: ___________________________
☐ Approval ___________________________ Denial ___________________________
☐ No Recommendation ___________________________ Signature: ___________________________ Date: __________

Instructor Recommendation: ___________________________ Comments: ___________________________
☐ Approval ___________________________ Denial ___________________________
☐ No Recommendation ___________________________ Signature: ___________________________ Date: __________

Committee Action: ☐ Approval ☐ Denial

Comments: __________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Registrar/Academic Progress Committee Date