

# General Petition



Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Day#: \_\_\_\_\_ Evening#: \_\_\_\_\_

**Instructions:** State your request and whatever reasons might justify its being granted. If additional space is needed please use the back of this form. Return the completed form to the Registrar. You will be notified of a decision as soon as action is taken.

Student's Signature \_\_\_\_\_

**Note:** When a petition relates to the fulfillment of course or curricular requirements, the course instructor must sign it. Comments may also be included. Without this endorsement, the registrar will not be able to consider your petition.

**MTS-Counseling students should note that the student bears full responsibility for how the proposed change might affect board exams and/or licensure.**

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*The following action has been taken on your petition:*