GENERAL PETITION

A General Petition is used to request an exception to standard college policy such as missed deadlines, extending graduation, etc.

- You must discuss your request with a counselor in MVR 172 prior to turning in this form. You may make an appointment in person or call 255-2532.

Please complete the following:

Name: ____________________________ Cornell I.D.# __________________ Email: _____________

Cum. GPA: ________ Major and/or Option: ____________________________ Expected date of Graduation: _____________

Please list your current semester schedule as it appears on Student Center/JTF. Take a moment to confirm that this is your intended schedule for the semester.

<table>
<thead>
<tr>
<th>Dept/Course#</th>
<th>Name</th>
<th>SU/Letter</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Request permission to: ______________________________________________________
______________________________________________________________________
______________________________________________________________________

Explain the reason for this request. If more space is needed, please attach additional typed pages:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

_________________________ date ___________________________ date
Student Signature *Counselor Signature

*Please note that Counselor signature does not approve the petition. Signatures reflect that student and counselor met.

Petition #: ____________
### Counselor Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### Registrar Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### D.U.S. Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

---

**Action:**

- [ ] To Department Director of Undergraduate Studies to Evaluate
- [ ] To Registrar/Assistant Registrar to Evaluate
- [ ] To Committee on Academic Status:
  
  **Appointment Date/Time:** ______________________

### Registrar Action:

- [o] Approve
- [ ] Deny

**Signature** ____________________________

**Title** ____________________________

**Date** ____________  ○ PeopleSoft

### DUS Action:

- [o] Approve
- [ ] Deny

**Signature** ____________________________

**Title** ____________________________

**Date** ______________

### CAS Action:

- [ ] Grant
- [ ] Deny

**Date** ______________

---

Revised 01.21.11