

Admissions & Appeals Committee
Undergraduate College of Arts and Sciences -
Curriculum Petition

INSTRUCTIONS: You must complete *both sides* of this form for a decision to be made on your request. Incomplete or missing information will result in the form being returned to you for completion. This will delay action on your request. All forms should be sent to the University of Louisville, College of Arts & Sciences Admission and Appeals Committee, c/o A&S Advsing Office, Gardiner Hall, Louisville, KY. 40292. You may fax your petition to: FAX: (502) 852-7230 Questions, email: asappeal@louisville.edu
 Please Type Or Print Clearly In Ink. Mr. or Ms. (Please circle one)

Name: _____ Student ID# _____

Current Student -Not a current student **You must have e-mail to be notified of results, Uof L e-mail preferred. You may use off campus e-mail but please note:Off-campus e-mails do not always work. Please PRINT your e-mail clearly, I need to be able to read it.**

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Degree: B.A. B.S. B.F.A. A.A. A&S Major: _____ Grad. Date: _____

This is a FIRST PETITION OR this is an APPEAL OF A PREVIOUS DECISION

WAIVER REQUESTED FOR (choose the one that applies to your petition):

Total hours for graduation Hours deficiency _____

50 Hours at 300-level or above Hours deficiency _____

Overall Program GPA for graduation Quality point deficiency _____

Course load limit (please fill out schedule box on the next page) Total hours requested _____; for term/year _____

Residency requirement 6+ _____ hours not in residence. Please indicate where, besides UofL's College of Arts and Sciences, you will be enrolled in completing your program:

Readmission from suspension* Returning term and year _____ *NOTE: If you have been suspended from another college within UofL or have sat out of school for a semester or more, you must reapply through the Office of Admissions, 852-6525, located in the Houchens Building. You will not need to petition through the College of Arts & Sciences unless this is an appeal of a denied decision from an Admissions Office petition. If so, check this box

Course substitution Course requirement _____ Proposed substitute _____

Academic Bankruptcy Semester(s) _____ Year(s) _____

Other _____

(Over)

Please fill out the back of the petition. DO NOT WRITE BELOW THIS LINE

COMMITTEE ACTION

Approved

Denied

Deferred

Comments:

Reported by: _____

Date: _____

Name: _____

REQUEST FOR: _____

REASONS: Use the space below to explain your situation. Attach to your petition all pertinent documentation of the facts of your case; documentation is critical. (Please type or print in ink) Student ID # _____

Course Load limit requests only: please fill out your complete schedule of the semester you are requesting the overload here.

FOR OVERLOAD PETITIONS ONLY: List all courses to be taken if your petition is approved – check the courses you will take even if your petition is not approved.			
1	<input type="checkbox"/>	5	<input type="checkbox"/>
2	<input type="checkbox"/>	6	<input type="checkbox"/>
3	<input type="checkbox"/>	7	<input type="checkbox"/>
4	<input type="checkbox"/>	8	<input type="checkbox"/>

I affirm that the statements I have made in this petition are true to the best of my knowledge. I understand that if information I have provided is later determined to be false, my petition may be returned to the Admissions and Appeals Committee for review and the matter may be referred to the Academic Discipline Committee. Also, I affirm that I have read this petition completely.

Student Signature

_____/_____/_____
Date

NOTIFICATION: Only through E-mail will you be notified