

**NOTES:**

- This form does not approve an overload of hours.
- This form is for A&S courses only. For a non-A&S course, please contact the college or unit that offers that course.

**STUDENT INFORMATION**

Name \_\_\_\_\_ Student ID \_\_\_\_\_ Email \_\_\_\_\_

**UNIT IN WHICH YOU ARE ENROLLED:**

Arts & Sciences     Business     Education     Speed     Nursing     Continuing Studies

Other unit: \_\_\_\_\_ If A&S, your Major is: \_\_\_\_\_

**THIS COURSE WILL BE GRADED AS:**

Letter Grade  
 Pass / Fail  
 Audit

**THIS PETITION IS:**

A first request     An appeal of previous decision

**IF AN APPEAL, THE PREVIOUS APPEAL WAS:**

Denied     Deferred

**LIST THE COURSE/S FOR WHICH YOU ARE REQUESTING AN EXCEPTION**

\*Use one form per semester. Attach an **instructor's remarks form** for each A&S course that you enter below.

This semester is (e.g. Fall 2018): \_\_\_\_\_

CLASS OR DEPT. #	DEPT. ABBREVIATION	COURSE #	SECTION #	INSTRUCTOR'S NAME
(Example) 1359	Biol	102	01	*Use instructor's remarks form for signature.

Total semester hours, if approved: \_\_\_\_\_

Request overload of maximum semester credit hours  
 This petition does not overload my semester credit hours

**OFFICE USE ONLY**

Approved  
 Denied  
 Deferred

Comments: \_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_

## REASONS FOR THE REQUEST

Explain in a clear, thorough, and concise manner why the last day to add deadline was missed, when you began attending the course, and what arrangements you have made with the instructor to make up missed work. Please note that this request is for an exception for missing posted deadlines that are posted in the Schedule of Courses and/or online.

## INSTRUCTOR'S REMARKS

Complete the **instructor's remarks form** for each course listed on your petition form and take it to your instructor to have him/her complete and sign. This is your responsibility. Professors must answer the questions on the form. If you need assistance contacting the professor, please contact the department.

## SIGN AND RETURN FORM

I affirm that the statements I have made in this petition are true to the best of my knowledge. I understand that if the 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. In addition, I affirm that I have read the petition completely.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return by E-Mail or send questions to:** [asappeal@louisville.edu](mailto:asappeal@louisville.edu)

## CHECK FOR RESULTS

Check your e-mail for the results of your petition. Note: submission of this petition does not guarantee approval. If you do not have an e-mail address, the results will be mailed to you. For privacy reasons, results cannot be given over the phone or at the front desk. Results are usually available within 3 to 5 business days of receipt of all required materials, barring holidays, weekends or any unexpected delays. If approved, you will need to contact the Registrar's office within 10 business days of confirmation email. Failure to do will require a second petition.