ACADEMIC PETITION

Items with asterisk (*) must be completed.

*Name: __________________________________________________________________ * UID#:_________/______/_________
  Last    First    M.I.
*CSU Email Address: ________________________@csu.edu   ALL correspondence will go to your CSU email only.
*Daytime Telephone Number: _ (_____) _______________ Evening Telephone Number: _ (_____) _______________

*Are you requesting reinstatement after being dismissed for not maintaining academic standards? Check One:  ☐ NO  ☐ Yes

*This petition applies to: (Check One)  Fall___ Spring ___ Summer ___  *Year: ______

State below, as clearly and succinctly as possible, what you are requesting and why. Attach copies of any memoranda, letters or other documentation to support your petition. Documents will not be returned. Attach additional sheets as needed.

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Faculty Member: *(Print Name) ____________________________        *Signature____________________________________

* I recommend that this petition as stated above be: (Initial One)   Approved _____    Denied _____   Date: _______________

REQUIRED

*Academic Chairperson: *(Print Name) _______________________        *Signature___________________________________

* I recommend that this petition as stated above be: (Initial One)   Approved _____   Denied _____   Date: ______________

REQUIRED

*College Dean: *(Print Name) ________________________________         *Signature__________________________________

* I recommend that this petition as stated above be: (Initial One)   Approved _____   Denied _____   Date: ______________

REQUIRED

READ CAREFULLY BEFORE SIGNING

I have read the Academic Petition Policy included on the attached page. I clearly understand the academic standards and regulations stated in the University Catalog and/or the Class Schedule Bulletin for the term this petition applies to. I believe that the request as stated above is reasonable and within the limits of these standards. I further understand that:
  a. I am responsible for knowing the guidelines for submission of this academic petition;
  b. a decision will be made within sixty (60) days and written notification of that decision will be provided via CSU email;
  c. the decision made on this petition may impact my financial assistance. I have consulted with the Financial Aid Office;
  d. I will be notified in writing via CSU email if a decision may take longer than 60 days due to major University events/activities that may hinder the review process; and
  e. the decision rendered on the petition by the Petition Committee is FINAL.

REQUIRED  *Student’s Signature:  ___________________________  Date: ______________

Financial Aid Rep *(Print Name) ___________________________        *Signature____________________________________

* The student has been informed of how this petition may impact his/her financial assistance.
If this petition is approved, the student will have to repay $________________ before the petition is processed.  Date: __________________

For Office of the Registrar Only:  Date Received: ___________  Received By: ___________  Reviewed checklist?  ☐ NO ☐ Yes  Updated 09/03/2011
Please read the Academic Policy and the Academic Petition Guidelines below and check each statement confirming understanding and/or compliance.

**Academic Petitions Policy (Effective Summer 2011)**

Academic policies and procedures are the building blocks of all academic planning at Chicago State University. All students are expected to be familiar with University policies. Knowing these policies and referencing them on a regular basis allows students, faculty, staff, and administrators the ability to operate under the same set of expectations as all parties work together to achieve the best possible student experience.

Exceptions to policy may be requested in writing and delivered to the Office of the Registrar using the Academic Petition form. Requests for exceptions are to be clearly written and expected to include a detailed explanation about why the student believes an exception is warranted, required appropriate signatures, and attached supporting documentation where applicable.

**Effective Summer 2011: Academic petitions for any term prior to Fall 2011 must be submitted by October 5, 2011.**

Students can petition for administrative withdrawal or other registration modifications due to extenuating circumstances within 60 days of the term’s end date. With each petition, students are required to submit evidence of the circumstance and proof of attendance/grade from each instructor.

Students can petition for an extension of the deadline to remove an Incomplete (“I” grade) for a period not to exceed one additional semester. The petition must include written consent of the instructor of record as well as the extension deadline date. In addition, a petition for an extension must be submitted 30 days prior to the final date of completion as listed on the Incomplete Grade Request and Contract form.

Students can petition for reinstatement after one full semester of dismissal for not maintaining academic standards. The student must present the request for reinstatement using the academic petition form and must include written consent of the college dean or designee. All petitions for reinstatement must be filed by the following dates: Fall term: July 15; Spring term: November 15; Summer term: May 1.

All academic petitions submitted to the Office of the Registrar are reviewed within sixty (60) days of receipt by the Academic Petition Committee. Students will receive notification of a decision within thirty (30) days of the review.

Decisions rendered by the Academic Petition Committee are final.

**Guidelines / Checklist for Submission of an Academic Petition**

<table>
<thead>
<tr>
<th>Student (Student Initial)</th>
<th>Check appropriate boxes if your petition meets the guidelines as stated.</th>
<th>For Office Use Only (Staff Initial)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I understand that the decision made on this petition may impact my financial assistance. I have consulted with the Financial Aid Office.</td>
<td>Financial Aid</td>
</tr>
<tr>
<td></td>
<td>The petition has been submitted within sixty (60) days of the end of the term of the request.</td>
<td>Registrar</td>
</tr>
<tr>
<td></td>
<td>The petition is a clear, concise statement of your request, why it should be considered, and your desired/expected outcome is.</td>
<td>Registrar</td>
</tr>
<tr>
<td></td>
<td>The petition has attached documentation, if applicable.</td>
<td>Registrar</td>
</tr>
<tr>
<td></td>
<td>The petition has all required signatures.</td>
<td>Registrar</td>
</tr>
<tr>
<td></td>
<td>I understand that if the petition is illegible or grammatically incorrect, no action will be taken and a decision of denial will be rendered.</td>
<td>Registrar</td>
</tr>
</tbody>
</table>

Last Name: ___________________________ First Name: ___________________________ UID#: _____ / _____ / ______

Updated 09/03/2011