

- Original copies of supporting documentation must be attached
 - Medical or occupational documents must be on official letterhead
 - Examples of documents include:
 - Physician statement and signature on office letterhead
 - Occupational documents
 - Copy of Obituary, with proof of relationship to deceased
- *Please note a full medical history is not needed

- If granted, the student will be withdrawn from all classes in which he/she is enrolled and will receive a "W" for each class

Justification for grade change request: _____

In the table below, list all the courses you were registered for during the semester of the hardship.

Subject and Course Number (ex. ENGL 1101)	CRN	Faculty Name	Date Last Attended (To Be Completed by Provost Office)

Student's Signature _____

Date _____

For Office of the Provost Use Only:

Approved _____
Associate Provost

Date _____

Denied _____
Associate Provost

Date _____

Once the Student Petitions Committee reviews the appeal, a notification will be sent to the student indicating approval or denial.

This process may take up to 15 business days.

Date Documentation sent to Bursar: _____

Date Received by Provost Office _____