ACADEMIC PETITION

Fill out completely. Incomplete forms will be returned to the student.

Student Name: ________________________ Date: ______________

Student ID Number: _____________________ GPA: ______________

Total Credit Hours at end of current term: ______________ Student’s Major: ________________________

Email address: __________________________@student.lagrange.edu Circle One: Undergraduate / Graduate

Cell phone number: __________________________

Subject of Petition (Choose one) Term Applicable: ________________

☐ 1. Request for overload. If not eligible, explain in Item #3, below. (Seniors are automatically eligible, as are students with GPA >3.0.) Please contact the Business Office to be sure of your financial obligation.

☐ 2. Request to take independent study. (Must have completed majority of major courses and must have GPA >3.0.) Provide a rationale for this request in Item #3, below. Attach syllabus AND Degree Audit.

<table>
<thead>
<tr>
<th>Instructor’s Name</th>
<th>Course Number (ex. ENGL 4495)</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
</table>

Hours completed in major: ______________

☐ 3. Other or Explanation of Request (continue on back or on additional sheets, if necessary):

_______________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

— All signatures must be obtained for consideration of approval. —

Signature of Student: __________________________

Signature of Student Advisor: __________________________

☐ Recommended  ☐ Not recommended, Explain: __________________________

Signature of Instructor of the subject in question: __________________________

☐ Recommended  ☐ Not recommended, Explain: __________________________

Signature of Department Chair of the subject in question: __________________________

☐ Recommended  ☐ Not recommended, Explain: __________________________

Signature of VPAA: __________________________ Date: ______________

☐ APPROVED  ☐ DENIED, Reason for denial: __________________________

Applications may take up to 2 weeks for processing.

For office use only:

Course: ________________________ CRN: ________________________ Date: ______________ Initials: ______________