

ACADEMIC PETITION

Student Name: _____
Student ID Number: _____
Hours Credit at end of current term: _____
Email address: _____@lagrange.edu
Mailing Address: _____

Date: _____
GPA: _____
Major GPA: _____

Subject of Petition _____ Term Applicable _____

A. Request for overload if not eligible. (Seniors are eligible as are students with GPA >3.0. If not eligible, explain below.)

B. Request to take independent study _____
Department _____ hours in major _____
Must have completed majority of major courses, must have GPA >3.0 in major courses.

Description attached yes no _____
Instructor's Name _____ Course Title _____

Explanation of Request (continue on back or on additional sheets, if necessary)

Student Signature: _____

Signature of Student Advisor: Recommend Reviewed but not recommended

Signature of Instructor: Recommend Reviewed but not recommended

Signature of Department Chair: Recommend Reviewed but not recommended

Approved Denied AAC action

Provost

Date

