

# Academic Petition Form

## TECHNOLOGY ENTREPRENEUR CENTER

### STUDENT SECTION

Student Name \_\_\_\_\_

UIN \_\_\_\_\_ Major \_\_\_\_\_

Email \_\_\_\_\_

Local Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Select the type of petition you are requesting below. Include a typed, complete explanation of your request. If applicable, also attach additional documentation such as a health professional's evaluation or instructor's support of your request. SIGN ON PAGE 2.

### TYPE OF PETITION

**LATE ADD OR LATE DROP with the following instructor:** \_\_\_\_\_

Attach *Late Course Change Form*. Also attach a document explaining why you could not have added the course before the add deadline. In your document, state that you have made arrangements to make up all missing work OR that you accept starting the course with zeros for assignments that have been missed. In the document, state that if allowed to add the course, the instructor/professor IS NOT required to adjust points or curriculum to allow you to catch up or make up for missed assignments, quizzes, exams, projects, etc.

**LATE REQUEST OF CREDIT/NO CREDIT for Course Number:** \_\_\_\_\_

CRN \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

Attach *Credit/No Credit Form*. Explain why you could not request the Credit/No Credit option before the deadline.

**COURSE SUBSTITUTION to count Course Number:** \_\_\_\_\_

CRN \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

**in place of the following Course Number:** \_\_\_\_\_

Attach syllabus of proposed class. Explain why this course is equivalent and why you do not have time to take the required course.

**COURSE RESTRICTION WAIVER for Course Number:** \_\_\_\_\_

CRN \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

Attach instructor endorsement. Explain why you need the class this semester and can do well, considering that you (check one or both):

Have not completed a pre-requisite  Are not enrolled in the necessary major

Other (please specify): \_\_\_\_\_

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## TECHNOLOGY ENTREPRENEUR CENTER

### STUDENT SECTION, CONT'D.

I attest that the explanation I have provided and any supporting documentation I've attached is complete and accurate.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### FACULTY AND STAFF SECTION

Advisor's evaluation of student's history *(attach current DARS if necessary)*

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

Reviewer 1 Complete      Initials \_\_\_\_\_ Date \_\_\_\_\_

Reviewer 2 Complete      Initials \_\_\_\_\_ Date \_\_\_\_\_

Final Reviewer Evaluation      Initials \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

Decision       Approved       Denied

Student was notified      Initials \_\_\_\_\_ Date \_\_\_\_\_

Entered into the portal      Initials \_\_\_\_\_ Date \_\_\_\_\_

Processed by      Initials \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS FORM & DOCUMENTATION TO:**  
351 Coordinated Science Lab | 1308 W. Main St., Urbana  
tec@illinois.edu