## **Academic General Petition**



Student Section					
Name:	APU ID#:				
Cell phone: () Email					
Have you submitted a graduation application?	No		Are you an	athlete?	s No
Are you an international student?	No				
Check all that apply: General Education Requirement Major/Minor Requirement Other					
Major:					
Request (please be specific):					
Reason for request (attach supporting documents if necessary):					
By signing and submitting this form I understand that I am responsible for all tuition and fees associated with	alate enrollment ad	ctivity to my re	cord and agree to th	ne terms and conditions in the Pr	romise to Pay policy as stated in the catalog.
Student signature:				D	Oate: / /
Please submit completed form to SSC. All necessary signatures will be o	btained for y	ou. You w	vill receive a	copy of this form once	a decision has been reached.
Faculty Section					
Instructor:		/	/	☐ Favorable	Unfavorable
Program Director or Chair: Comments (required):	Date:	/	/	Favorable	Unfavorable
Dean: Comments (required):	Date:	/	/	Favorable	Unfavorable
Other:	_ Date:	/	/	Favorable	Unfavorable
Comments (required):					
SSC (Office Use Only)					
Approved Denied Signed:				Date	//
Logged: SSC (White)					Revised 8/20/24 Department (Yellow)