ASHESI COMPOSITE PETITION FORM

Student ID No:	Full Name:
Date of Birth:	Major:
Mobile No:	Email:

Nature of Petition (check any that applies) Please, note that under certain circumstances, a petition may not be granted, even if some signatories have already appended their signature. (*Student Handbook*, Sec. 5.25, par. 4)

Carte Course Addition	Add Extra Course	O Removal of Incomplete
○ Change of Major *	OMake-Up Exam	Waiver of Pre-requisite
◯ Late Drop#	◯ Audit a Course	C Late Registration
Late drop course and code:		

(If requesting for Late Course Addition, wish to Audit a Course or Add an Extra Course, complete the section below. Please, note that any request for Late Course Addition during the 9th week will not be processed. When you do request for a Late Drop during the 9th week, you cannot substitute/replace the course you have dropped with a new course at that late stage.)

Course Code:	Course Title:	
Semester GPA:	Current CGPA:	
Reason for taking / adding / auditing course:		
Note: If your current CGPA is above 3.3 and you wish to add an extra course, there is no need to complete and submit this form to do so.		

(If requesting for Removal of Incomplete, complete the section below)

Course Code:	Course Title:	
Reason for requesting for removal of Incomplete (IC):		

(If requesting for change of major, complete the section below)

Current Major: New Major:			
Effective: Fall Spring 20			
*Academic Standing: I am fully aware that changing my major will require that:			
 I complete an academic plan that will allow me to retake all the courses required for the new major in order to meet all graduation requirements I take all courses required for the new major and that all previous courses related to my previous major will still appear on my transcript and (with the exception of failed courses no longer required for my new major) count towards the calculation of my GPA. Yes No 			
If you ticked Yes above, attach a completed Individual Curriculum Planning Form outlining a realistic plan towards graduation, taking into consideration the structure of pre-requisites for your programme.			



(If requesting for Make-Up or Supplementary examination, complete the section below)		
Course Code: Course Title:		
Reason for requesting for make-up exam: (Please, tick as appropriate)		
		Cancellation of Paper Other

(If requesting for Waiver of Pre-requisite, complete the section below)

Pre-requisite course(s): List t	he pre-requisite course(s) here:	
Course Code:	Course Title:	
Course Code:	Course Title:	
Main course(s): List the main	n course(s) here:	
Course Code:	Course Title:	
Course Code:	Course Title:	
Reason for requesting for waiver of pre-requisite :		
Please, note: Under certain circumstances, request for waiver of pre-requisite may not be approved. Academic Standing : I anticipate that requesting for waiver of pre-requisite will require an academic plan that will allow me to retake all the courses waived in order to meet all graduation requirements: Yes No		
If you ticked Yes above, attach a completed Individual Curriculum Planning Form outlining a realistic plan		
towards graduation, taking into co	nsideration the structure of pre-requisites for your programme.	

(If requesting for late drop, complete the section below)

If you intend to late drop (de-register from) a course, you have up to the 9th week of lectures within the semester (or during the 4th week of lectures within the Summer period) to do so. <u>Any request for late drop beyond this period cannot be granted</u>.

Graduation Status: I anticipate that dropping (de-registering from) this course will extend my graduation to another year/semester: Yes No

If you ticked **Yes** above, attach a completed **Individual Curriculum Planning Form** outlining a realistic plan towards graduation, taking into consideration the structure of pre-requisites for your programme. Please, be informed that this process, once initiated, is irreversible.

Declaration: I understand and accept that petitioning to drop a course at this time may require an additional year/semester to graduate, due to course load and pre-requisite requirements and that such an extension may have financial implications for me and my parents, guardians, or sponsors.

Student's Signature

Date

Office Use Only

Academic Advisor's Approval:	(Date)
HOD's Approval:	(Date)
Parent/Sponsor/Financial Aid Approval:	(Date)
Provost's Approval:	(Date)
Academic Registry:	(Date)