OFFICE OF THE REGISTRAR
OHIO WESLEYAN UNIVERSITY
PETITION FOR SPECIAL PERMISSION

Name ____________________________________________ ID# ________________
HWCC Box No. ___________________________ Phone Number ________________________
Semester and Year applicable to petition _______________________________________________________
Specific permission being sought ________________________________________________________________

In the space below, please give a detailed explanation of your request and justification for the special permission being sought. Be sure to include dates wherever pertinent. Please attach documentation to support all claims being made. (A letter from a physician or counselor may be appropriate.) Please print or write legibly or attach a typewritten page.

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My signature below indicates that the above statements are, to the best of my knowledge, accurate and true. I understand that I will be subject to University judicial action if this is not the case.

Signature ___________________________________________ Date ________________________

(over)
Obtain signatures from the persons checked below, and return the petition to the Office of the Registrar, University Hall 007. Students should not assume this petition has been approved. A copy of this petition, with Committee action noted, will be mailed to the student.

- [ ] Instructor(s)
- [ ] University Counselor
- [ ] Department Chairperson
- [ ] University Physician
- [ ] Academic Advisor
- [ ] Other ___________________________

To those individuals included above: Please sign and date in the space below and indicate your support, or lack thereof, for the request being made in this petition. Any comments you could add which would help the Academic Status Committee rule on this petition are most welcome. If any dates are pertinent to the student’s petition, please indicate the. If this petition concerns a withdrawal from a course after the tenth week of the semester, the instructor should indicate Wp (withdrawn passing) or Wf (withdrawn failing). You may also send a letter to the Registrar separate from this petition.

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Please do not write below this line

Action:

_________________________                ____________________________
Chair, Academic Status Committee                Registrar