

DAVIS COLLEGE
ACADEMIC PETITION

STUDENT'S NAME _____ DATE _____
(PLEASE PRINT)

State Clearly Your Academic-Problem:

Explain Your Academic Request:

Required Signatures:

_____	_____	_____	_____
STUDENT	DATE	COURSE INSTRUCTOR	DATE
_____	_____		
ACADEMIC ADVISOR	DATE		

Advisor's Comments:

OFFICE USE ONLY

APPROVED: YES NO

_____ DATE _____
V.P. for ACADEMIC AFFAIRS