



جامعة الحكمة

Université La Sagesse

STUDENT ACADEMIC PETITION FORM

Student's Name	ID#	Phone	Faculty	Sagesse Email	Advisor
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Subject: (tick the corresponding choice from below)

- ☐ Change of Major ☐ Appeal ☐ Course overload ☐ Late withdrawal ☐ Cross registration ☐ Readmission
☐ Late change of grade ☐ Course substitution ☐ Late Registration ☐ Late Drop/Add ☐ Change of Language
☐ Other (specify)

Request: (please attach any document what you believe it supports your request)

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Name: Signature: Date:

For Business Office use (Payment of fee)

Name: Signature: Date:

Advisor's Input (please add input from other source if need be)

☐ **Approved** ☐ **Rejected**

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Name: Signature: Date:

Registrar's Input Petition sent to:

☐ **Approved** ☐ **Rejected**

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Name: Signature: Date:

Council's Decision

☐ **Approved** ☐ **Rejected**

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Name: Signature: Date:

Done by

Name: Signature: Date: