



STANDARD PETITION FORM

APC

JC

Date: _____

Last Name: _____

First Name: _____ Mobile Tel.: _____

Student ID Number: _____ acg.edu e-mail: _____

Major: _____

Please state your request clearly:

Reason (s):

Student's Signature _____

Comments & Recommendations (Department Head): _____

(for office use only)

Granted

Granted conditionally

Rejected

Not dealt with

Tabled

Comments:

Academic Dean: _____

Date: _____