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GOUCHER | college  
**PETITION**  
**Office of the Associate Dean**

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This petition for an exception to College Policy is to be completed by the student and his/her adviser before submission to the Associate Academic Dean for Undergraduate Studies at Van Meter M G24. Please press firmly and print clearly. Petitions are typically resolved within 24-48 hours. **IF YOU HAVE ANY QUESTIONS ABOUT THE STATUS OF YOUR PETITION AND NEXT STEPS FOR TIMELY IMPLEMENTATION OF YOUR REQUEST, CALL US AT 410-337-6460.**

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**Student Name** \_\_\_\_\_ **Email or Phone # to Reach You** \_\_\_\_\_

If your petition is not approved, you will be notified by the Associate's Dean's office at the email or phone number you provided above. If no contact information was provided, we will use your Goucher email address as the default.

If your petition is approved, the Associate Dean's office will forward the petition to the Registrar's office for implementation.

The Registrar's office will notify you through your Goucher email about the status of your petition. If your approved petition is unable to be implemented due to time conflicts, credits limits, or other issues the petition does not address, action by you may be required for resolution. Unimplemented petitions that are not resolved, may be null and void after the deadline date given by the Registrar's office at the time of notification, or, if no deadline date is given, after 1 week.

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**Complete all sections that apply and sign and date below.**

\_\_\_\_\_ **Add/drop classes after the deadline.** Note: Completed and signed add/drop form must be attached to this petition.

Reason for missing deadline: \_\_\_\_\_

Number of class meetings you have attended of class you intend to add \_\_\_\_\_

Number of class meetings you have attended of class you intend to drop \_\_\_\_\_

\_\_\_\_\_ **Credit overload** Note: Students are billed for additional credits over 18 credits per term

Explain reason for credit overload \_\_\_\_\_

\_\_\_\_\_ **Other** If other is selected, course this action applies to: \_\_\_\_\_

Explain reason for request \_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Adviser Endorsement** (Adviser check one or more reason and provide explanation below):

\_\_\_\_\_ I support the petition

\_\_\_\_\_ I do not support the petition

Reason: \_\_\_\_\_

\_\_\_\_\_  
Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Section to be completed by Associate Dean's Office**

Date Petition Received \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

\_\_\_\_\_  
Associate Academic Dean Signature

\_\_\_\_\_  
Date