

Student Academic Record Petition Employer's Verification Form



BYU Petitions Office
B-150 ASB
(801) 422-6570 / Fax: (801) 422-0615
E-mail: petitions@byu.edu
Website: <http://petitions.byu.edu>

Use Black or Blue Ink Only

STUDENT INFORMATION

Name (Last, First, Middle) _____

Student ID Number _____

Class(es) and section number(s) of courses to be withdrawn

Semester/Term and Year

20__

Winter - January through April

Spring - April through June

Summer - June through August

Fall - August through December

I hereby permit the supporting individuals to provide the University with information pertaining to my request.

Student Signature _____

EMPLOYER'S VERIFICATION

Required when changes in employment prevent class attendance. To be completed and signed by employer.

Company Name _____

Employment dates: Beginning _____ Ending _____

Old Schedule - day(s) and time(s): _____

Change in hours? Yes No Date changed: _____

New Schedule - day(s) and time(s): _____

Did job assignment change significantly to affect student's attendance? Yes No Explain: _____

Employer's Name _____ Phone Number _____

Employer's Signature _____ Date _____

Submission Instructions:

Please fax (801-422-0615) or mail this signed form (B-150 ASB Provo, UT 84602) to the Petitions Office.
If you have any questions or concerns, please contact the Petitions Office at (801) 422-6570.