Student Academic Record Petition

Resubmission Form

Use Black or Blue Ink Only

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

Date In _____

Date Submitted _____

STUDENT INFORMATION

Name (Last, First, Middle)	Student ID Number	Telephone Number

Local Mailing Address	City	State	Zip Code

Class(es) and Section Number(s)	Semester/Term and Year	☐ 1st Block ☐ 2nd Block

SUPPORTING INFORMATION IS REQUIRED FROM INSTRUCTORS AND, WHEN APPLICABLE, FROM PHYSICIANS OR EMPLOYERS.

Resubmitting:

☐ Student Statement ☐ Medical Statement ☐ Other_____

☐ Instructor Statement ☐ Employer Statement

☐ Clinical Statement ☐ Department Memo

STUDENT'S STATEMENT

Please write/type a detailed statement explaining the reason you are requesting an exception to University Policy.

Student's Name _____ First _____ Middle _____ Last

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

Student Signature_____

Office Use Only:

Approved _____ Denied _____ Pending _____

Reviewed _____ Processed _____ Letter Sent _____ Appointment _____

Comments _____