

UNIVERSITY of ALASKA ANCHORAGE

Office of the Registrar • 3211 Providence Drive, Anchorage, AK, 99508 • 907-786-1480

Academic Policy Petition

Purpose: Use this form to request an exception to an academic policy found in the university catalog. Use the Academic Petition form to petition specific courses needed for degree completion. Be aware that Academic Policy Petitions are only approved in rare situations.

Return this form to the Office of the Registrar after obtaining all signatures except the Vice Provost's signature below in the designated order. A decision regarding your petition will be emailed to your UA student email account.

Name: _____

UA Student ID: _____ UA Student Email: _____@alaska.edu

Major: _____ Day Phone: _____

Instructions to student:

- Write legibly and be very specific to the policy you are petitioning (7 year catalog limit, etc).
 - Provide page number or web address in e-catalog where policy is written
 - Provide justification for why policy should be waived
- Provide supporting documents. Decisions will be made solely on documentation provided. If you are requesting a catalog extension, you must include a semester-by-semester completion plan.
- The Office of the Registrar will note receipt of the policy petition in DegreeWorks and will forward it to the Office of Academic Affairs. The final decision and notification will come from the Office of Academic Affairs via email.

Specific request (What would you like to see happen?):

Justification (if more spaced needed, please type justification on separate sheet and attach to the form):

Student signature: _____ **Date:** _____

Final approval – OAA

Vice Provost's signature: _____

Comments:

Approved

Not approved

Name: _____ UA Student ID: _____

Instructions to faculty/staff:

This petition minimally requires two different approving signatures. One must be the Dean of the school/college or their designated representative. Submitted form must have original signatures.

The above student is requesting an exception to a current academic policy. Please indicate your recommendation of this request along with any comments and your signature. If more space is needed, please provide a separate sheet attached to this form.

ADVISOR

Advisor's printed name: _____ Recommend Not recommend

Advisor's signature: _____ Date: _____

Please address the student's particular situation. Be specific.

DEPARTMENT CHAIRPERSON OF STUDENT'S MAJOR

Chairperson's printed name: _____ Recommend Not recommend

Chairperson's signature: _____ Date: _____

Comments:

DEAN OF THE STUDENT'S SCHOOL/COLLEGE

Dean's printed name: _____ Recommend Not recommend

Dean's signature: _____ Date: _____

Comments:

OFFICE OF THE REGISTRAR

Registrar's printed name: _____ Recommend Not recommend

Registrar's signature: _____ Date: _____

Comments: