OFFICE OF THE REGISTRAR OHIO WESLEYAN UNIVERSITY PETITION FOR SPECIAL PERMISSION

Name	ID#		
HWCC Box No.	Phone Number		
Semester and Year applicable to petition			
Specific permission being sought			
sought. Be sure to include dates wherever per	planation of your request and justification for the special permission being rtinent. Please attach documentation to support all claims being made. (A ppropriate.) Please print or write legibly or attach a typewritten page.		
My signature below indicates that the above s understand that I will be subject to University	statements are, to the best of my knowledge, accurate and true. I judicial action if this is not the case.		
Signature	Date		

Obtain signatures from the persons checked below, and return the petition to the Office of the Registrar, University Hall 007. Students should <u>not</u> assume this petition has been approved. A copy of this petition, with Committee action noted, will be mailed to the student.					
	Instructor(s)		University Counselor		
	Department Chairperson		University Physician		
	Academic Advisor		Other		
To those individuals included above: Please sign and date in the space below and indicate your support, or lack thereof, for the request being made in this petition. Any comments you could add which would help the Academic Status Committee rule on this petition are most welcome. If any dates are pertinent to the student's petition, please indicate the. If this petition concerns a withdrawal from a course after the tenth week of the semester, the instructor should indicate Wp (withdrawn passing) or Wf (withdrawn failing). You may also send a letter to the Registrar separate from this petition.					
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Please do not write below this line					
Action:					
Cha	ir, Academic Status Committee	Reg	istrar		