

UFI	D Last Name	First Name	MI	
Ins	tructions			
•	To complete this form, contact the advising office in your	College/Department.		
•	Do not submit any petition documentation to the Registrar Office, especially instructor forms, until this form is			
<u></u>	completed. The Interviewing Officer may request to review the petition so they can provide a more detailed statement.			
Student must check the appropriate box below. If the student waives their right they will not be able to review this form after it is completed by the Interviewing Officer.				
	I do not waive my right to have access to the information			
	I waive my right to have access to the information provid			
l he	reby certify that the information submitted for this petition	is true and accurate to the best of my know	ledge.	
Student Signature: Date:				

multiple actions on the petition request form, please specify your support or objection for each request below or submit an				
	litional statement on letterhead.			
As	the Interviewing Officer, I have discussed the student's ac	cademic record, reasons for petitioning, exte	enuating	
circumstances and plans for future enrollment with the student. Please see my comments below regarding this petition.				
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	ed upon all available information, I, the Interviewing Offic	er		
	Fully support this petition.			
	Partially support this petition (multiple requests only) Support this petition with reservation.			
	Do not support this petition.			
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Inter	viewing Officer's Signature	Printed Name	Date	

If the student waived their right you may return this form to them in a sealed envelope for delivery to the Office of the University Registrar or submit it directly using the information below.