Academic Regulations Petition Guidelines

Read the following carefully!
Incomplete petitions will be returned.

Your petition is a request for the university to make an exception to an academic deadline or policy. Your explanation of your circumstances and the verifiable documents you provide are the primary basis the committee will use to approve or deny your petition.

DEADLINE: The Academic Regulations Committee convenes on Tuesdays. Petitions that are complete by the Thursday prior to the Tuesday meeting will be reviewed.

INSTRUCTIONS:
On the petition form, explain the circumstances for your request and what impact they had on your ability to meet the stated deadline or policy. Petitions are considered ONLY in the case of extraordinary circumstances. Common examples might include a serious illness, a death in the family, a medical emergency, or a university error that either affected your attendance and completion of a class(es) or precluded your ability to meet an academic deadline.

NOTE: Simply forgetting or not knowing a deadline or policy are not considered extraordinary circumstances.

SUPPORTING DOCUMENTATION IS MANDATORY
It is your responsibility to provide documentation that corroborates your statement.

- If a **health** problem is the reason for your difficulty, a written statement on letterhead from the attending physician or from the Pacific Wellness Center/Counseling Services must accompany the petition and include the dates and nature of your illness and why it affected your ability to function academically.
- If you are citing **work** schedule conflicts or other circumstances beyond your control, documentation from your employer on letterhead is required.
- **Non-Medical documentation:** May include instructor statement – indicating non-attendance (if applicable) or attendance in class, copies of prior correspondence (emails, letters, etc.), police reports, death certificate, court records, etc.
- If you are requesting **drop or withdrawal** past the published deadline, an instructor’s statement must accompany the petition for EACH enrolled course.
- If you are requesting a **retroactive registration** after the last day to add, an instructor’s statement must accompany the petition for each course.

Each completed petition must include your personal statement and signature; advisor statement and signature and a statement from each instructor (as applicable).

Return the completed petition to the Office of the Registrar.
The outcome of this petition may involve further financial obligations on your part. Please check with Student Account’s regarding your account, balance and repayment issues prior to submitting this petition. Financial approval is required prior to the completions of the petition for retroactive registration.

Name: ___________________________ Student ID: 98

Last               First                               MI

Address:              ___________________________ Street
City/State            Zip Code

Pacific Email: _______________________________________@pacific.edu        Telephone:   __________________

College/School:__________________________________________ Class Standing (check one): Fr___ So___ Jr___ Sr___ Grad___ Prof___

☐ Yes ☐ No  Have you applied to graduate?  ☐ Yes ☐ No  Are you an international student on an F1 Visa?
☐ Yes ☐ No  Are you receiving Financial Aid?  ☐ Yes ☐ No  Are you receiving VA Benefits?
☐ Yes ☐ No  Are you a student athlete?

Please check the appropriate box.

☐ Late Registration
☐ Retroactive Add*/Drop*/Withdrawal*/P/NC*    *Requires written instructor and advisor statements.
☐ Retroactive Overload
☐ Waiver of Academic Residency Requirement
☐ Reinstate – Disqualification Status
☐ Other:

Please complete the following information for petitioned course(s):

<table>
<thead>
<tr>
<th>Subject and Course Section Number</th>
<th>Instructor’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MATH 001-01</td>
<td>John Doe</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

Student Statement: Please briefly describe the reason for your request. Attach documents that support your petition.

I understand that I am responsible for payment of applicable tuition and fees associated with the changes I am petitioning.

Student Signature          Date
STUDENTS:
It is your responsibility to:

*Read the guidelines page carefully to determine what instructor statements you need and how many.

1. Fill in the top “Student” portion of the ARC Petition Instructor/Advisor statement form with your name, student ID, school/college, course, section, credit units, term/year and reason for petition.

2. Make appropriate number of copies for each instructor/advisor involved.

3. Submit to instructor/advisor for completion in a timely manner. Your petition will be considered “incomplete” without instructor/advisor statements. *If the instructor is no longer at Pacific, the department chair is authorized to complete this form.*

   **Note:** There is no one sole determining factor in the committee’s decision regarding your petition. Decisions are based on the student statement, instructor/advisor statements and documentation, as applicable to your case.

INSTRUCTOR/ADVISOR STATEMENT:
Instructor/advisor statements are critical to a student’s petition. ARC will not review a petition that does not include appropriate instructor/advisor statements.

Please complete the following:

1. Complete the ARC Petition Instructor/Advisor statement form within two weeks. Include all relevant information to assist ARC in reaching a decision.

2. Return form via campus mail to Registrar’s Office, ATTN: ARC or Fax it to Registrar’s Office (209) 946-2596, ATTN: ARC or Scan and email to ARCfaculty@pacific.edu.

OFFICE USE ONLY

Approved: □  Denied: □  Tabled: □ (hold for reasons below): Date: ____________________

Signature ____________________________________________

Documentation/Research required:

Comments:

Final Decision: Deny □  Approve □  Date: ____________________
STUDENT: (Complete prior to submitting to Instructor/Advisor)

98
Pacific ID
Name of Student (Last, First)

Pacific Email: __________________________@pacific.edu
Telephone: __________________________

School/College
Course
Section Prefix
And Number
Credit
Term/
Year

Reason for Petition: ________________________________________________________________

FACULTY USE ONLY: If the instructor and/or advisor are not available (example- retired, sabbatical, deceased, left Pacific, or adjunct) department chair may provide statement.

The Academic Regulations Committee is assigned the responsibility of handling petitions from students seeking waivers of a university regulation. In cases that involve dropping a course or adding late, instructor input is essential. The committee’s decision will be based on all available evidence, including your input and any documentation the student provides.

Attendance pattern: (Indicate last date of attendance or whether the student ever attended) ________________________________

Did the student take the final exam and/or complete the last assignment? □ yes □ no

Final exam grade (if applicable): __________________________

Grade earned throughout the term: ________________

Has the student discussed this petition with you? □ yes □ no

Please check one of the following statements:

□ I SUPPORT this request □ I have NO OBJECTION to this request □ I DO NOT SUPPORT this request.

Your input is one of the many pieces of evidence that will be considered by the committee. Faculty comments are particularly important to the committee’s deliberations, and should be included below.

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

Instructor/Advisor Name (Printed) __________________________ Signature __________________________ Date __________________________

Campus email@pacific.edu __________________________ Campus phone extension __________________________

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Revised 10/7/09