**THE OHIO STATE UNIVERSITY**
**SCHOOL OF ALLIED MEDICAL PROFESSIONS**

# ACADEMIC PETITION FOR A DEGREE REQUIREMENT EXCEPTION

**INSTRUCTIONS**
Complete the requested information and submit form to the enrollment division for approval. Once divisional approval is obtained, students should submit completed form to the SAMP Student Affairs Office, 127 Atwell Hall. Approved petitions will be processed and appropriate exceptions posted on the Degree Audit Report.

**TO BE COMPLETED BY STUDENT (PLEASE PRINT)**

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| NAME: | STUDENT ID: |
| CIRCLE ONE: MAJOR PREMAJOR | DIVISION: |
| EMAIL ADDRESS: | GRADUATION QUARTER/YEAR: |

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**INSTRUCTIONS:** (1) Write clearly and legibly. It is advisable to attach a typed letter explaining the request in detail if space on the petition form is not sufficient to explain your request. (2) Be precise and complete in your explanation and attach appropriate supporting documentation (e.g. syllabus, advising report, transfer credit report, degree audit). (3) Petitions submitted without supporting documentation will be returned to students without review until all necessary documentation is provided.

**PETITION REQUEST**
Decisions about academic petitions should be made in consultation with the student's faculty advisor.

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| I REQUEST:<br><br>RATIONALE: |

**TO BE COMPLETED BY DIVISION**

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|---|---|
| DIVISION RECOMMENDATION __ APPROVE __ DISAPPROVE | |
| DIVISION SIGNATURE: | DATE: |

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**TO BE COMPLETED BY OFFICE OF STUDENT AFFAIRS**

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| DATE EXCEPTION ENTERED IN DARS: |