

CLARK UNIVERSITY
COLLEGE BOARD PETITION FOR SPECIAL ACTION
BLUE OR BLACK INK PEN ONLY

Name: E-Mail:
Date: Telephone: ID#: Class Standing:

This petition should be filed at the Academic Advising Office after the required signatures have been obtained. No change of program based on this petition should be made except on written authorization by the Chairperson of the College Board.

I hereby petition:

INSTRUCTOR'S SIGNATURE AND COMMENTS
(Please note: The College Board interprets a professor's **signature on a petition as indication of his or her approval** of the substance of the petition. We welcome any other comments which you care to make.)

Please explain the reason for this petition, including any extenuating circumstances the student may have for this request:

PLEASE DO NOT WRITE BELOW THIS LINE. PLEASE USE BACK OF FORM OR A SEPARATE PAPER, IF NEEDED

COLLEGE BOARD ACTION: Approved Denied

Date:

COMMENTS:

Cc: Registrar's Office

Chairperson, College Board