Petition to the Academic Requirements Committee
Use this Petition to Add, Drop Without a Recorded W, or Withdraw with a Recorded W
Approved petitions are subject to a fee of \$25-\$50. If the petition is for initial registration for the term, a \$100 late registration fee may apply after the 4th week of the term.

Return to: Office of the Registrar registrar@uoregon.edu

Name:	Lennon	Connor	M	_ UO ID Number	: <u>9516</u>	554118
Address	2303 i Giry Ot	First E	ugene	OR	97405	
E mail:	Street	n odu	City	State	Zip (206	\ 020 7700
E-maii.	Clennon@uorego		TION GUI	Phone:	(206) 930-7728
**** READ CAREFULLY ****						
You are requesting an exception to a faculty-established policy or academic deadline. You are required to provide evidence of compelling circumstances which would warrant approval. Present all information in a clear and concise manner and return your completed petition immediately.						
• Diss	te: the ARC does not consider catisfaction with a grade orance/confusion about the dea	_	 Dates th 	ances which warrant ar lat midterms/grades we o carefully check regis	ere given, po	sted or returned
For approval of any petition, the following are <u>mandatory:</u> ✓ <u>Instructor signature</u> (Form submission from your UO email will serve as signature.) ✓ <u>Department stamp</u> (Instructors should forward the email to their department for department stamp.)						
Please all	low at least ten working days	s to be notified	of a decision	on on your petition. I	f you have o	questions about a
	to withdraw from all classes astic Review Committee. C					
Explain w attach a s I was wai (8/4/202 Willing to	T STATEMENT: hy you missed the deadline. lecond page if needed. ting on office advancement 1 at 7pm), but I missed the e pay fees required.	to be allowed to email chain that	to take disse	ertation credits. Thos so I missed the dead	e approvals	s came through last night day.
Send this completed form to your instructor from your UO email address. This will serve as your signature.						
Student F	Handwritten Signature			Date		
INSTRUCTOR STATEMENT - Please indicate why the requested action is appropriate.						
Send this form to your dept. personnel from your UO email address. This will serve as your signature.						
Instructor	Handwritten Signature			Date		
Please print instructor name:						

Student Request to: PETITIONS TO ADD: Please be aware additional tuition and fees may be assessed. 12207 Dissertation EC 603 None NA 14 1. Subject CRN Graded or P/N Credits Year/Term Course # Instructor Email from instructor UO address serves as signature. Instructor Handwritten Signature (required for consideration) Date Dept Stamp indicated in email from department personnel using UO acct. Please print instructor name: None - sub advisor (Edward Rubin) EC 602 12206 Superv. College Teaching **None** NA Graded or P/N 2. Subject Course # Credits Year/Term Email from instructor UO address serves as signature. Instructor Handwritten Signature (required for consideration) Date Dept Stamp indicated in email from department personnel using UO acct. Please print instructor name: Jeremy Piger PETITIONS TO DROP WITHOUT A RECORDED "W": Student must withdraw from the course before petitioning for no "W". Subject Course # CRN Title Instructor Graded or P/N Credits Year/Term The instructor MUST INITIAL one of the following reasons for recommending the approval of this change: Student was ill or injured during the first week of the term and unable to drop the course before the deadline. Department changed the course meeting date/time and student was unable to participate. Student has not met the prerequisite(s) for this course. (Approval granted only within the first two weeks of the term.) Student was incorrectly placed at this level; registration in is recommended. Subject/Course #/CRN Student is enrolling in another section of the same course. (see ADD above) Other (Instructor statement required on reverse side) Email from instructor UO address serves as signature. Date Instructor Handwritten Signature (required for consideration) Dept Stamp indicated in email from department personnel using UO acct. Please print instructor name: PETITIONS TO WITHDRAW WITH A RECORDED "W" (current term only): *** For past terms, contact Academic Advising, 364 Oregon Hall. Subject Course # CRN Title Instructor Graded or P/N Credits Year/Term The instructor MUST INITIAL one of the following reasons for recommending the approval of this change: Student was ill or injured and unable to drop the course before the deadline. Other (Instructor statement required on reverse side) Email from instructor UO address serves as signature. Instructor Handwritten Signature (required for consideration) Date Dept Stamp indicated in email from department personnel using UO acct. Please print instructor name: OFFICE USE ONLY Approved \Box Denied Petition Fee: SFAREGS SFAINDV Student Notified: Sent Student notified of tuition change In person \Box Comments: SFASLST/SHACRSE Received By:

ARC Petition-Add-Drop-Withdraw - November 2019 Add Drop Petition.PDF