COURSE PETITION
Wheeling Jesuit University

Student Name: _____ Student ID: _____

Major: _____ Academic Advisor: _____

Semester: ☐Fall ☐Spring ☐Summer Year: _____ Date: _____

Please check the following box the following that pertains to the desired petition:
☐Petition to register for course(s) that I lack **PRE-REQUISITE**(s).
☐Petition to register for course(s) that has **TIME CONFLICT** with another course.
☐Petition to register for **GRADUATE LEVEL COURSE**(s) as an undergraduate student.
☐Petition to register for course(s) **over maximum 18 credits** in a semester.** Current GPA **[ ]**
☐Petition to register for course(s) that has been repeated maximum times (2). *[CAO approval required]*

COURSE INFORMATION

Synonym	Course DEPT - ### - SEC	Credits	Meeting Days / Times	Instructor Signature	Wait listed

Note: You must attain the necessary signature(s) before your petition request will be processed!

Reason for petition:

Student Signature Date

Advisor Signature Date

Registrar Signature Date

Chief Academic Officer Signature Date
(when needed for special approval)**

Registrar Office Use Only Processed Date: _____ Initials: _____