

UNDERGRADUATE ACADEMIC PETITION

OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

phone: 978-934-2550
fax: 978-934-4076
email: registrar@uml.edu

Note: Graduate students must use Graduate Academic Petition.

Last Name First Name MI

SIS ID # Phone Number E-mail Address

Career: Undergraduate Continuing Education

Major

Please check the reason for the Academic Petition:

Transfer Credit Credit Limit Overload Registration Other

Request: (Explain in full. If you need additional space, please use back of page.)

Required Signatures:

Student Signature Date

Approved Denied Advisor

Advisor Signature Date

Approved Denied Chair/Coordinator

Chair/Coordinator Signature Date

Approved Denied Dean

Dean Signature Date

Approved Denied Provost/Designee

Provost/Designee Signature Date

For Office Use Only: Processed Date Effective Term

Rev. - 8/4/17 Imaged Verified 1 Verified 2 Doc Type: Academic Petition - Undergraduate