

COLLEGE OF BUSINESS ADMINISTRATION

UNIVERSITY OF AKRON
PETITION

Complete and return to the College of
Business Administration Office

Date _____

Phone: Home _____

Business _____

Last name First Middle

Student ID # _____

Street

College _____

City State Zip

Major Dept. _____

REQUEST _____

REASONS or JUSTIFICATION: Please include all pertinent data that should be considered in reviewing your request. Provide a rationale to justify why an exception should be made in your request.

Student's Signature _____

Office Use

Approved _____

Denied _____

Date _____

Approved _____

Department Head

Date _____

Denied _____

Advisor or Dean

Distribution: Original for File; Copy to Student