

Academic Petition Form

TECHNOLOGY ENTREPRENEUR CENTER

STUDENT SECTION

Student Name _____

UIN _____ Major _____

Email _____

Local Address _____

City _____ State _____ Zip _____

Select the type of petition you are requesting below. Include a typed, complete explanation of your request. If applicable, also attach additional documentation such as a health professional's evaluation or instructor's support of your request. SIGN ON PAGE 2.

TYPE OF PETITION

☐ **LATE ADD OR LATE DROP with the following instructor:** _____

Attach *Late Course Change Form*. Also attach a document explaining why you could not have added the course before the add deadline. In your document, state that you have made arrangements to make up all missing work OR that you accept starting the course with zeros for assignments that have been missed. In the document, state that if allowed to add the course, the instructor/professor IS NOT required to adjust points or curriculum to allow you to catch up or make up for missed assignments, quizzes, exams, projects, etc.

☐ **LATE REQUEST OF CREDIT/NO CREDIT for Course Number:** _____

CRN _____ Term _____ Year _____

Attach *Credit/No Credit Form*. Explain why you could not request the Credit/No Credit option before the deadline.

☐ **COURSE SUBSTITUTION to count Course Number:** _____

CRN _____ Term _____ Year _____

in place of the following Course Number: _____

Attach syllabus of proposed class. Explain why this course is equivalent and why you do not have time to take the required course.

☐ **COURSE RESTRICTION WAIVER for Course Number:** _____

CRN _____ Term _____ Year _____

Attach instructor endorsement. Explain why you need the class this semester and can do well, considering that you (check one or both):

☐ Have not completed a pre-requisite ☐ Are not enrolled in the necessary major

☐ Other (please specify): _____

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STUDENT SECTION, CONT'D.

I attest that the explanation I have provided and any supporting documentation I've attached is complete and accurate.

Student Signature _____ Date _____

FACULTY AND STAFF SECTION

Advisor's evaluation of student's history *(attach current DARS if necessary)*

Notes _____

Initials _____ Date _____

Reviewer 1 Complete Initials _____ Date _____

Reviewer 2 Complete Initials _____ Date _____

Final Reviewer Evaluation Initials _____ Date _____

Notes _____

Decision ☐ Approved ☐ Denied

Student was notified Initials _____ Date _____

Entered into the portal Initials _____ Date _____

Processed by Initials _____ Date _____

PLEASE RETURN THIS FORM & DOCUMENTATION TO:
Terry Cole | TEC Academic Services
345 Coordinated Science Lab | 1308 W. Main St., Urbana
twcole@illinois.edu | 217-300-3049