UNIVERSITY OF SOUTHERN MAINE
Occupational Therapy

Petition Form

(For leave of absence, request for policy exceptions, pre-requisite waivers, change in program status, etc.)

Please send completed Petition Form to usm.ot@maine.edu or drop off in the OT Department.

Date Petition Form completed on: _____

Student Name: _____

Reason for petition:

Faculty comments:

Petition accepted: ____

Petition denied: ____

Faculty Signature & Date _____