FRANKLIN & MARSHALL COLLEGE
Committee on Academic Status
PETITION

STUDENTS, please carefully read the following instructions:
1. This form must be signed by all appropriate persons concerned with the petition. In all cases the signature of an academic adviser and the House Dean is necessary.
2. A course instructor should not sign a petition if it concerns the Pass/No Pass grading option.
3. Advice regarding signatures may be obtained from your College House Dean, Dean Adams, or the Registrar.
4. This form must be scanned and submitted to petitions@fandm.edu. You will be notified in writing of the Committee's decision.
5. Please include course ID, CRN and instructor when referring to a course.

PETITIONS SUBMITTED BY 4:00PM ON FRIDAY WILL BE REVIEWED DURING THE CAS MEETING THE FOLLOWING WEEK.

ACADEMIC ADVISERS AND COURSE INSTRUCTORS, please read the following:
Students have a right to petition; therefore, your signature indicates only that you have been informed of the petition. In addition to your signature on this form, please initial and date any attachments, as well as check the appropriate boxes indicating your support, opposition, lack of an opinion, and/or intention to send additional information. Additional comments which you may consider to be helpful to the Committee may be sent directly to petitions@fandm.edu.

Student's Name ___________________________ ID# __________ Date __________

I hereby petition the Committee on Academic Status (please include a brief summary here if you are writing on a separate page):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
(over if necessary)

SUPPORT NO OPINION OPPOSE ADDITIONAL INFO TO FOLLOW

(a) Advisor* Date
SUPPORT NO OPINION OPPOSE ADDITIONAL INFO TO FOLLOW

(b) Instructor* Date

(c) College House Dean* Date
SUPPORT NO OPINION OPPOSE ADDITIONAL INFO TO FOLLOW

(d) Other Date

*Required signatures

Committee Action:
Approved _____ Denied _____ Tabled _____

Additional comments