LOW GPA PETITION FOR EXCEPTION

Date				
Name		Stuc	dent ID#	
Mailing Address				
City, State, Zip Code				
Phone (Day)	one (Day) Phone (Evening)			
Email				
Current Semester/Year: _	/			
Reason for Petition:				
Brief Explanation (attach a	ndditional page if nee	eded):		
	lication on Fluid Rev	riew. If you have any	entation. Upload petition and supporting questions, please contact the COE	
☐ Explanation of Reason	for Petition. Please	type your explanation	on and attach to petition.	
Describe in full d	tail the reason why yo	our Low GPA may no	ot represent your academic potential.	
Signature		Date		
	Do N	lot Write Below Th	is Line	
Department Chair:	Approve □	======== Deny □	Interview	
Conditions:				
Chair Signature or Design	00'		Date	
Date Mailed to Student		By:	Date	

Revised: 9/5/2019