

## **Student Academic Petition**

(Must be Typed)

Note: Must Attach Copy of Passport Signed by Advisor

## **Instructions:**

This form is to be used in consultation with your Academic Advisor and Academic Director to challenge a catalog policy. Submission of this form is no guarantee that your request will be granted and/or honored. Considerable evaluation of the request will be conducted by the Petitions Committee to ensure integrity of your academic program remains intact according to the standards set forth by the LCC Faculty, Administration and Board of Trustees.

## Follow these steps to complete this process:

- 1) Meet with Academic Advisor to determine if this process is necessary.
- 2) Provide a signed copy of your Passport (signed by your Advisor).
- 3) In consultation with your Academic Advisor, complete this petition.
- 4) Complete your petition. **DO NOT LEAVE BLANKS**, and submit to Academic Director.
- 5) Ensure that you have provided justification for exception, and reference to the regulation and/or requirements you are petitioning.
- 6) **SIGN YOUR PETITION**. Unsigned petitions will not be processed.

\*Note: This form does not replace the petition students complete if they are placed on Academic Suspension\*

**Disclaimer:** LCC reserves the right to change its programming and policies without notice. In general, all policies and programmatic requirements are outlined in the most current copy of the college's catalog. Submission of this petition is in no way an express or implied approval to exceptions of college policies and programming established and approved by the college. Approval, if granted to a petition is provided to the student by standard mail from the college with 15 working days (excluding weekends and holidays).



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Name:	LCC Student ID#:		
Mailing Address:	City:	State:	Zip:
Phone number: ()	Major:		
Expected Graduation Date:	Catalog Year:		
Request:			
Ustification: (Regulation or Requirement attach additional supporting documentation		e college catalog.)	If necessary,
Student Signature:		Date:	
	FOR OFFICE USE ONLY		
RECOMMENDATION:		A	Dans
Advisor Signature:			·
Academic Director Signature:			-
Petitions Committee:		Approve	_ Deny
***********			
Action: VP of Instruction:		_ Approve	_ Deny