University of Rochester: The College PETITION FOR AN EXCEPTION TO A FACULTY RULE OR REGULATION

Name		Class Year	
Phone #	Local Mailing Address	Date	
Student I	D Number	E-mail address	
	the Administrative Committee consider the re- to my request sent to my local mailing address:	quest I make below, and I understand that I will receive :	a written
1	Please change all of my S/F grades to regular le	tter grades. (Only available to seniors.)	
		o that I may accumulate 128 credits by the end of this yes led transfer credit for work taken at another college.)	ar.
]	Please permit me to carry two Independent Stud	dy courses this semester. (Only available to seniors.)	
	would like to drop a course after the deadline attending it during the first four weeks.	(end of fourth week) because I never attended it or stop	ped
]	Please grant me permission to complete a double Bachelor of Science in Bachelor of Arts with a concentration in a 2nd Bachelor of Science in	and a or	
1	would like to be reclassified from the Class of	to the Class of for the reasons that appear belo	w.
(all of my courses are listed below with my reasons for wa oriate stamps and signatures or an Independent Study for ered.	
	would like to withdraw from a course (please s My reasons appear below.	specify) after the deadline (end of eleventh v	veek).
]	would like to add a course (please specify) attached an "add/drop" form with the appropri	after the deadline (end of fourth week) and have tate stamps and signatures. My reasons appear below.	e
1	Please approve the following exception to norm	nal faculty policy for the reason(s) noted below:	
		For offic	e use only
		Date	Received
			Ву