

ALICE LLOYD COLLEGE  
ACADEMIC STANDING PETITION

STUDENT'S NAME \_\_\_\_\_ ID# \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT'S CUMULATIVE GRADE POINT AVERAGE \_\_\_\_\_

TOTAL CREDIT HOURS ACCUMULATED \_\_\_\_\_

If student transferred hours from any other schools to Alice Lloyd College,

List number of hours accepted from Two Year Community College(s) \_\_\_\_\_

List number of hours accepted from Four Year College(s) and/or University(ies) \_\_\_\_\_

FOR REQUESTS PERTAINING TO A STUDENT'S PROGRAM REQUIRING APPROVAL OF THE DEAN OF THE COLLEGE (COURSE TO BE ARRANGED, INDEPENDENT STUDY, COURSE OVERLOAD, ETC.)

I HEREBY REQUEST THE FOLLOWING FOR THE Fall/Spring SEMESTER OF THE YEAR \_\_\_\_\_:

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STUDENT'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTOR'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

MAJOR ADVISOR'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

(If Educ) TEP ADVISOR'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

ACADEMIC DEAN'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

IF THIS PETITION IS FOR AN INDEPENDENT STUDY, A COURSE OUTLINE MUST BE ATTACHED.