

University Petition Instructor Statement

Student UFID	Last Name	First Name	MI	
Phone Number:				
	· Class Number:			
Courses taken summer 2018 or o	earlier - Course Prefix & Number:	Section Number:	Credits:	Term/Year:
Instructions:				
contact his/her collegThe student must cont	ictor must forward this compl ge or department to identify the act the instructor to complete the can forward this form to the de	he interviewing officer. le bottom portion of this form. I	_	
The student must list his/h	er interviewing officer below.			
Interviewing officer's nar	me (Print)	Fax number	E	mail
	opropriate box below. If the stud by the instructor or department of		or she will not be a	able to review
_	t to have access to the informat	•	•	•
I waive my right to hav	re access to any information pro	vided by the instructor or depart	artment for this pet	ition.
	declare that I understand and a his petition is true and accurate		on this document.	I certify that the
Student Signature: Date:				
The University Student Perbeen assigned the respons committee's decision will b	titions Committee is a joint compile it it is a joint compile it i	mittee of the President's Office m students seeking a waiver o ence, including your input and	and Faculty Sena of a university regu any documents pr	ite that has lation. The
Registrar's Office until the	rded to the interviewing office ne student has completed the for Course:	interviewing officer stateme		d to the
_	nent Grade:			
	ades:			
	ades:			
Attendance Pattern:				
	s any concerns related to this p			
	ents below or an attached state	, ,		-
Instructor Name, Printed	Sig	nature		Date
Phone Number:	Email: _			