University Petition

Instructor Statement

Student UFID                                    Last Name                                            First Name                                                MI
Phone Number: ______________________________________ Email: _______________________________________________

Courses taken fall 2018 or later - Class Number: ______________________

Courses taken summer 2018 or earlier - Course Prefix & Number: ______________ Section Number: _____________ Credits: ______ Term/Year: ___

Instructions:

• The student or instructor must forward this completed form to the interviewing officer. The student must contact his/her college or department to identify the interviewing officer.
• The student must contact the instructor to complete the bottom portion of this form. If the instructor is no longer at the university, the student can forward this form to the department chair.

The student must list his/her interviewing officer below.

Interviewing officer’s name (Print)                                           Fax number                                             Email

Student must check the appropriate box below. If the student waives his or her right, he or she will not be able to review any information provided by the instructor or department chair.

☐ I do not waive my right to have access to the information provided by the instructor or department for this petition.
☐ I waive my right to have access to any information provided by the instructor or department for this petition.

I, the undersigned, hereby declare that I understand and agree to the information listed on this document. I certify that the information submitted for this petition is true and accurate to the best of my knowledge.

Student Signature: ___________________________ Date: ___________________________


The University Student Petitions Committee is a joint committee of the President’s Office and Faculty Senate that has been assigned the responsibility of evaluating petitions from students seeking a waiver of a university regulation. The committee’s decision will be based upon all available evidence, including your input and any documents provided by the student. Please provide your comments and list the date for each graded assignment below.

This form must be forwarded to the interviewing officer listed above. This form cannot be submitted to the Registrar’s Office until the student has completed the interviewing officer statement form.

• Final Grade Assigned for Course: ___________________________________________________________________
• Final Exam or Assignment Grade: ___________________________________________________________________
• During Term Exam Grades: _________________________________________________________________________
• Quiz Grades: __________________________________________________________________________________
• Other Assignment Grades: _________________________________________________________________________
• Attendance Pattern: _____________________________________________________________________________
• Last date of attendance or participation: _____________________________________________________________
• Did the student discuss any concerns related to this petition with you during the term?  ☐ Yes  ☐ No
• Please provide comments below or an attached statement:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Instructor Name, Printed  Signature  Date

Phone Number: _____________________________________ Email: _______________________________________________________