Indiana University Kelley School of Business Petition Form

DATE

NAME UNIVERSITY ID# \_0\_ \_0\_ \_0\_

ADDRESS CITY/STATE/ZIP

MAJOR IUPUI EMAIL

PHONE (Day) (Evening)

# INSTRUCTIONS

Please state clearly on a separate piece of paper *exactly* what you are requesting. Include a rationale for this request. You should attach supporting documentation and materials, such as a physician’s statement, a professors recommendation, a syllabus, etc. Petitions that do *not* include a clear description of the request or that do *not* provide sufficient information for the committee to evaluate will be returned to the student without being acted upon by the committee.

# PLEASE RETURN PETITION TO:

Academic Petitions Committee

C/O Director of Undergraduate Programs

IU Kelley School of Business 801 W. Michigan Street, BS 2010

Indianapolis, IN 46202-5151

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVE\_ DENY

RETURN WITHOUT ACTION