Indiana University Kelley School of Business Petition Form

DATE ______________________

NAME _______________________ UNIVERSITY ID# __0__ __0__ __0__ __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 ___________