Petition to the Committee on Academic Standards

Please submit completed form to:

Office of the Registrar
1st Floor, Bresee Hall
Hartwick College
Oneonta, NY 13820

Name: __________________________   Student ID: __________________________   Date: __________

I would like to petition for the following:

☐ COURSE OVERLOAD

I am petitioning for an overload during (check one):  ☐ Fall  ☐ January  ☐ Spring, ________ (year).

My current Grade Point Average (GPA) is: ______________

I would like to register for ________ credits during this term.

Indicate all courses you would like to take during this term:

Dept. – No. – Sect.   Instructor Name (printed) and Signature

1. ________________   ________________

2. ________________   ________________

3. ________________   ________________

4. ________________   ________________

5. ________________   ________________

6. ________________   ________________

7. ________________   ________________

*All instructors’ signatures are required. Your petition will not be accepted without all signatures.*

☐ OTHER

My petition does not fit one of the above categories and I fully explain my petition in the space provided on the following page. Note that the petition for a late withdrawal or a late add is made using the Late Withdrawal from a Course form or the Late Add of a Course form, respectively.
Please provide a typed explanation of 150 words or less below that addresses why you are submitting this request.

Academic Advisor: I, _______________________________ (please print), have discussed this request with this student and verify that the above explanation is accurate and complete.

Signature: _______________________________ Date: ______________

Student: By signing below, you are verifying that:

☐ You have provided an honest explanation as to why you are submitting this request.
☐ You have obtained a signature from your academic advisor
☐ If requesting a course overload, and it is granted, you understand that you are responsible for any associated over-election fees
☐ You have attached all supporting evidence you would like the committee to consider when reviewing this petition.

Student’s Signature: _______________________________ Date Submitted: ______________

Please Note: Incomplete forms will be denied.

For administrative use only

This petition was ☐ Complete ☐ Incomplete

This petition was ☐ Approved ☐ Denied by CAS on __________________________ (date)

CAS Chair Signature: _______________________________