

Petition for Relief/Waiver of Academic Rules

Students may include additional pages and supplemental attachments as necessary.

Student Information

Name: _____ Date: _____

Non-FCSL Email: _____

Mailing Address: _____

Level 1L 2L 3L Other Expected Graduation Date: _____

Petition for relief/waiver of the academic rule (this list is not exhaustive)

<input type="checkbox"/> Grade Appeal, Section IV(E)	<input type="checkbox"/> Academic Probation and Dismissal, Section IV (H-L) <ul style="list-style-type: none"> <input type="checkbox"/> Dismissal <input type="checkbox"/> Reinstatement <input type="checkbox"/> Readmission 	<input type="checkbox"/> Graduation/Degree Requirements, Section IV (N) and Section V <ul style="list-style-type: none"> <input type="checkbox"/> Transfer-in Students <input type="checkbox"/> Students Visiting Elsewhere
<input type="checkbox"/> Curriculum, Section VI <ul style="list-style-type: none"> <input type="checkbox"/> ALWR <input type="checkbox"/> Non-course Credits (e.g. clinic, externship) 	<input type="checkbox"/> Other (state the rule below) The applicable rule of the Student Handbook is:	

Please summarize why the waiver of the academic rule is being requested:

Please summarize what steps have been taken to avoid repetition of the problem (if applicable):

Note: By filling out and signing this form, you are certifying that you have read the Student Handbook; that you understand the applicable provisions and the standard of proof; and that the facts and any supporting documentation are true and correct. You also certify that any necessary facts and documentation regarding this petition are incorporated into and/or attached to this petition. All attachments must be in PDF form.

The foregoing information is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____