



UNIVERSITY OF MASSACHUSETTS LOWELL
ACADEMIC PETITION

NAME: _____ UNDERGRAD CSCE

STUDENT ID #: _____ PROGRAM/PLAN: _____ DATE: _____

REQUEST (EXPLAIN IN FULL)

STUDENT'S SIGNATURE _____ TELEPHONE # _____

ACTION BY:	APPROVED	DATE	DISAPPROVED	DATE
ADVISOR OR COORDINATOR	_____	_____	_____	_____
DEPT. CHAIRPERSON	_____	_____	_____	_____
DEAN OF COLLEGE	_____	_____	_____	_____
REGISTRAR	_____	_____	_____	_____
PROVOST OR DESIGNEE	_____	_____	_____	_____