INSTRUCTIONS FOR FILING A PETITION
FOR THE ACADEMIC STANDARDS COMMITTEE

1. Students and/or an employee of the College will initiate the petition process.

2. Students will need to work directly with an advisor for guidance and support.

3. Students are required to complete the Academic Standards Petition document. If there is missing information, the petition will be held and the student will be notified and given an opportunity to complete the information.

4. The Student Justification section requires a well-written detailed statement that explains to the committee the circumstances that led to the petition. Students are encouraged to provide official documentation to support the petition.

5. Students completing the petition need to obtain an advisor and instructor/s signature along with their decision to agree or disagree. Advisor and/or instructor/s are encouraged to provide additional comments to assist the committee in their deliberation before arriving at a decision.

6. In lieu of original signatures, emails are accepted from the advisor and/or instructor/s to indicate their decision to agree or disagree with the petition. A student may access the College Directory by clicking https://www.allegany.edu/college-directory/

7. Petitions are submitted through the Enrollment Services and Advising Department, Admissions and Registrations Office, located in the College Center. Chelsey Bennett is your point of contact for all submissions and/or any questions, you may email her at cbennett4@allegany.edu or you may reach her by phone 301-784-5140.

8. If you are scheduling or adding a class/es, PLEASE communicate with the instructor and follow their instructions to remain current on your classroom assignments until you have been notified of a decision. If the decision is unfavorable, you will be provided information on the appeal of decision.

Revised: 4/2023
ACADEMIC STANDARDS FORM

(This form will not be acted upon until complete.)

PLEASE PRINT: Date Received: ___/___/___

Petitioner’s Name: _____________________________________________________________

Street Address: ________________________________________________________________

City/State/Zip: _________________________________________________________________

Advisor Name: ________________________________________________________________

Curriculum: ___________________________________________________________________

I. ACTION REQUESTED

☐ Schedule Class/es        ☐ Total Withdraw (“W” grade)        ☐ Grade Change
☐ Add a Course            ☐ Credit to Audit                  ☐ Take >15 cr on Probation
☐ Drop a Course (“W” grade”)  ☐ Course Substitution
☐ Other:_______________________________________________________________________________________________

II. STUDENT JUSTIFICATION (MANDATORY)

State the reason for this petition in a separate typewritten letter.
Submitting documentation to support your claims would be helpful (doctor note, obituary, etc.).

III. ACKNOWLEDGMENT

Inaccuracy of the information provided could result in reversal of action by the Committee or further action set forth by the Student Handbook.

___________________________________________________________

Student’s Signature                                             Date

Revised: 4/2023
### IV. ADVISOR’S COMMENTS (completed by ADVISOR)

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<th>Comments:</th>
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### V. INSTRUCTOR’S COMMENTS (completed by INSTRUCTOR)

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<tr>
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<td>Grade/Course:</td>
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### OFFICE USE ONLY:

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<th>□ Denied</th>
<th>□ Table</th>
<th>□ APPEAL</th>
<th>□ APPROVED</th>
<th>□ DENIED</th>
</tr>
</thead>
</table>

NOTES: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Chair’s Signature ________________________________ Date ________________

Revised: 4/2023
**COURSE REGISTRATION FORM**

**PLEASE PRINT:**
- **Student ID:** ________________
- **Date of Birth:** __ __ __

**Name:**
- **(LAST)**
- **(FIRST)**
- **(MI)**

**Address:** __________________________________________

**City/State/Zip:** __________________________  
**Home Phone:** (______) ______________________

**Is this an address change?**
- Yes  
- No  

**Other Phone:** (______) ______________________  
(work, cell, etc.)

**E-mail Address:** __________________________

**Are you employed?**
- Yes  
- No

- **If Yes:**
  - **Full-time**
  - **Part-time**
  - **Work Study**

**STUDENT REQUEST (If you are Auditing, please check the Audit column):**
- **Registration**
- **Adding Classes**

<table>
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<th>Section Name and Title</th>
<th>Credit Hours</th>
<th>Days</th>
<th>Time</th>
<th>“X” if Audit</th>
<th>Signatures</th>
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- **Classes Dropped**

**I assume responsibility for the above information, registration, and/or changes. I understand that if I fail to properly drop a course by the published deadlines I will be charged accordingly. I acknowledge my responsibility for payment of the tuition and fees generated by this form. I am aware that any changes may affect my financial aid.**

**Student’s Signature:** __________________________  
**Date:** __ __ __

**Advisor’s Signature:** __________________________  
**Date:** __ __ __