

DRURY UNIVERSITY

Continuing Studies Council Student Petition

(This form must be typed or printed and returned to the Registrar's Office)

Name: _____ Student # _____ Date: _____

Address: _____

Email: _____

Telephone: _____ Classification (circle one): FR SO JR SR

MAJOR(S) _____

Attach copy of academic transcript and a list of requested classes:

Check reason for petition:

- _____ 1. Excessive overload (22 or more credit hours in Fall or Spring, 17 or more credit hours in Summer)
- _____ 2. Senior residency for Bachelor of Science or Bachelor of General Studies degree (at least the last 30 undergraduate hours must be earned at Drury University)
- _____ 3. Residency for Associate of Science degree (at least the last 15 undergraduate hours must be earned at Drury University)
- _____ 4. Directed study (check as appropriate)
 - _____ Registering in more than one directed study course per semester.
 - _____ Registering in a directed study course and a research course in the same semester.

Pertinent background information (if additional space is required, please write on the reverse side of this form):

Student Signature/Date: _____

Advisor: _____ Recommended _____ Not Recommended

Signature/Date: _____ Campus Location: _____

Comment:

Department Chairperson: _____ Recommended _____ Not Recommended

Signature/Date: _____

Comment:

Registrar's notes (if applicable):

Continuing Studies Council: _____ Recommended _____ Not Recommended Date: _____

Dean of the College of Graduate and Continuing Studies: _____ Approved _____ Denied

Signature/Date: _____

Student notified: _____ Email _____ Mail _____ Telephone _____ Date _____

Associate Registrar Signature: _____