



ACADEMIC PETITION FORM

Office of the Registrar
P.O. Box 749
Barrow, AK 99723
Phone: 907.852.1757 or 1763
Fax: 907.852.1784

Student's Name: _____ **SS#** _____
(Last) (first) (Middle)

Program: _____ **Degree:** _____
(Associate, Certificate, Endorsement)

Expected Date of Graduation: _____

Address: _____ **Phone#:** _____
P.O. Box City Zip Code

Your decision will be mailed to you at the address above.

1 I hereby petition to: _____

Justification: _____

2 I hereby petition to: _____

Justification: _____

3 I hereby petition to: _____

Justification: _____

Approved ☐ Disapproved ☐ 1 ☐ 2 ☐ 3 ☐

Advisor Signature Date

Approved ☐ Disapproved ☐ 1 ☐ 2 ☐ 3 ☐

Division Chair Signature Date

Approved ☐ Disapproved ☐ 1 ☐ 2 ☐ 3 ☐

Dean of Academic Affairs Signature Date

Registration Office Signature Date