

This petition is used to request an exception to a **university academic or financial policy**. This form may not be used to challenge grades, and it should not be used to request an exception to academic program/department policies. CGU adheres to a term-based transaction policy, meaning that any changes to enrollment and tuition must be made during the semester to which those changes apply. This ensures institutional efficiency and compliance with federal, state, accreditation, and other regulations. Unless otherwise disputed before the end of the semester, all records are considered complete, accurate, and permanent. Petitions may be initiated by the student or by the department and must be signed by the initiator, the student's advisor or department chair, and the dean.

**Incomplete petitions will not be reviewed by the Petitions and Appeals Committee.**

**STUDENT INFORMATION**

SEMESTER/YEAR \_\_\_\_\_

CGU ID # 254 - \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**Instructions:**

- Complete the student information section above.
- Attach a typed statement including:
  - \* the nature of your request for an exception to university policy, including a detailed summary and timelines of the exceptional circumstances or events that led to your need to file this appeal;
  - \* your efforts and/or attempts to resolve this matter in collaboration with CGU staff and/or faculty prior to submitting this petition; and
  - \* the exact request(s) being made and acceptable outcome(s) as a result of your appeal.
- If applicable, attach supporting documentation for the circumstances, events identified in the appeal, and/or **relevant** policy or student record documents (i.e. emails, section(s) of a department handbook or the CGU Bulletin, a copy of the student's transcript, statement of a student's account, etc.)
- Submit completed form with all required documentation and signatures to the Student Services Office (Harper Hall East). Petitions submitted without the required signatures or documentation will not be reviewed.
- Await your official appeal outcome message, which will be sent to your CGU email account. Please allow sufficient processing and review time.

**By signing below I confirm that I have read and understand all the instructions above.**

Student or Department Initiator \_\_\_\_\_ Date \_\_\_\_\_

**Required Signatures**

**Please indicate if you support this petition by checking the appropriate boxes below and sign in the area provided. If you wish, please attach additional documentation for this petition.**

Recommendation of the Academic Advisor or Department Chair:  Supported  Not Supported

Academic Advisor or Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Recommendation of the Dean or Director:  Supported  Not Supported

Dean or Director \_\_\_\_\_ Date \_\_\_\_\_

**Submit this form to Student Services Office (Harper Hall East) or [petitions@cgu.edu](mailto:petitions@cgu.edu) when completed.**

**Office Use Only:**

Comments:

Action:  Approved  Denied  OtherReviewed by:  Petitions & Appeals Committee  Provost