

**ASSUMPTION UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR
PETITION**

R.3

ADMISSION NO.

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<input type="checkbox"/> Mr.	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
First Name in English (BLOCK CAPITALS)																					
<input type="checkbox"/> Ms.	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
Last Name in English (BLOCK CAPITALS)																					
<input type="checkbox"/> Mrs																					
<input type="checkbox"/> Other	Faculty _____ Major _____																				
	Email _____ Tel _____																				

INSTRUCTIONS: This petition may be used to request general action by the University. A separate petition is required for each request and covers only the specific request you are making. Attach additional sheet if necessary.

Request CHANGE FAC. / MAJOR MINOR MAINTAIN STATUS / DROP SEMESTER CHANGE ADDRESS OTHER

Reason _____

1) OBTAIN APPROVAL

Advisor or Department Chairperson _____	Signature _____ Date ____/____/____
Signature _____ Date ____/____/____	Advisor or Department Chairperson _____
Signature _____ Date ____/____/____	Signature _____ Date ____/____/____

2) SUBMIT TO OFFICE OF THE UNIVERSITY REGISTRAR

Registration officer's approval. _____	Credit attempted _____ Credit passed _____
_____	G.P.A. _____ Credits currently enrolled _____
_____	Signature..... Date...../...../.....

PROOF OF SUBMISSION

PETITIONER	STAFF
Admission No. _____	Please check results on _____
Name _____	Signature _____ Date ____/____/____
Date of submission _____	<small>DD/MM/YY</small>