

IBEF Petition Form

University of the West

Semester: _____ Date _____

To Students: Please complete this form and submit to the designated office for approval. Approved petition must be forwarded to the Office of the Registrar. If petition is NOT approved, return to the student.

Name on UWest record _____
Last First Middle

Mailing Address _____
Street Number and Name City State Zip

Student ID # _____ Phone # (_____) _____ - _____

P e t i t i o n

I Hereby petition to

Reason for Petition

Please attach supporting documents (A petition without supporting documents may not receive consideration)

Student's Signature: _____ Date _____

Student must obtain approvals from the following officials

IBEF Liaison : I do, do not) recommend approval _____

Student's Department Chair: I approve do not approve this request _____

Financial Aid Office: I approve do not approve this request _____

Accounting Office: I approve do not approve this request _____

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For Office Use Only:

♠ The Petition must be approved by the committee

Approved Denied Semester _____

♣ Check Amount Approved (if applicable) _____

♦ Comment :