

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

ADMISSION NO.

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<input type="checkbox"/> Mr.	<input type="text"/>
<input type="checkbox"/> Ms.	<input type="text"/>
<input type="checkbox"/> Mrs	<input type="text"/>
<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 FACULTY/MAJOR CHANGE ADDRESS OTHER _____

Reason _____

1) OBTAIN APPROVAL

Advisor or Department Chairperson _____ Signature _____ Date _____	Advisor or Department Chairperson _____ Signature _____ Date _____
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2) SUBMIT TO OFFICE OF THE UNIVERSITY REGISTRAR

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

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