

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

R.3

ADMISSION NO.

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<input type="checkbox"/> Mr.																			
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First Name in English (BLOCK CAPITALS)

<input type="checkbox"/> Ms.																			
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Last Name in English (BLOCK CAPITALS)

<input type="checkbox"/> Mrs																			
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<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

Dean or Department Chairperson _____	Signature _____ Date ____/____/____
Signature _____ Date ____/____/____	Dean 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>