University of Denver, Sturm College of Law
PETITION

Information to be completed by student

NAME: _________________________________ STUDENT ID #: 87 ________________

PHONE NUMBER: ___________________________ EMAIL ADDRESS: _____________________________

PETITION FOR: _____ Drop Course(s) (WP) _____ Add Course(s) _____ Credit Overload
_____ Register Late _____ Other (Explain) ______________________________________________

Year in Law School _____ Semester _____ Division __ Day __ Evening  Hours Employed per Week ____

REASON FOR REQUEST: Good cause must be shown. Attach additional pages and supporting documents as necessary to show good cause. Please list current schedule!

Student Signature:  ________________________________________________ Date: ______________

PETITION: APPROVED ___________ DISAPPROVED ___________

Associate Dean for Academic Affairs Date

COMMENTS:  __________________________________________________________

__________________________________________________________________________

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