

**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: _____

