SIENA HEIGHTS UNIVERSITY
Student Petition Form

Name___________________________________________ Date_____________________

Address_________________________________________ Student ID #_____________

_________________________________________________ Phone #___________________

Please take your time filling out this petition and explain the reasons that you are requesting this exemption in detail. Remember, no exceptions are granted until the completed petition form is received by the Registrar’s Office and fully reviewed by the Registrar and/or other designated school officials. Copies of the petition may be shared with your academic advisor, and any involved faculty or staff member. You will receive confirmation of the decision regarding your petition.

Policy Exemption Request: (Please state the exact policy for which you wish to receive an exemption)


(Please attach any supporting documentation: i.e., Medical Records, and use reverse side if additional space is needed for appeal)


Student Signature_________________________________________ Date______________

Advisor’s Printed Name_________________________ Advisor’s Signature__________

(Optional but desired) (Optional but desired)

Registrar’s Office Use Only: Received By & Date________________________

Action: Approved Denied by_________________________ Date______________

Remarks:________________________________________________________________

__________________________________________________________________________