COLLEGE OF BUSINESS PETITION FORM

REINHARDT ACADEMIC CENTER, UNIVERSITY OF LOUISVILLE, LOUISVILLE, KY 40292

AME:	STUDENT ID:			
DDRESS:	CITY:		STATE:	ZIP:
ELEPHONE:	EMAIL:			
UDENT SIGNATURE:			DATE:	
ENROLLMENT UNIT:	\&S: COB:	EDUCATION:	SPEED:	OTHER:
LATE ADD: Briefly what occurred tha	explain your reason fo t has prevented you fr			ou must explain
	EXAMPLE: COURSE	# <u>ACCT 201</u> <u>SEC</u>	TION # <u>01</u>	
SE	MESTER:	COURSE#	SECTION #	
	DIT AFTER THE DEADL Inces. <u>Faculty approva</u>			
	JTE REQUEST: Submit course syllabus. This pe			
	UPTCY: You cannot be course catalog and/or		•	nstitution for at
SEI	MESTER(S)			
	RED , *IS A TYPED PERS ATING CIRCUMSTANCES			
*DEFER SUSPENSI	ON:			
*PREREQUISITES:	Request to waive or t	o take concurrent	ly. List courses:	
RETURN TO TH	E REINHARDT ACADEN usiness@louisville.edu	<u> 4IC CENTER – RO</u>		the form and
	Approximate rev			
	 You will be notif If petition is app Registrar's Office 	roved the Reinha	-	nter will notify the
FOR OFFICE USE ONLY	:			
DATE SUBMITTED:	NORA SCOB	E, DIRECTOR:		
Δ	PPROVED: DEN	IED: DATE: _		