

**INDIANA UNIVERSITY KELLEY SCHOOL OF BUSINESS
PETITION FORM**

DATE _____
NAME _____ UNIVERSITY ID# _____
ADDRESS _____ CITY/STATE/ZIP _____
MAJOR _____ IUPUI EMAIL _____
PHONE (Day) _____ (Evening) _____

INSTRUCTIONS

Please state clearly on a separate piece of paper *exactly* what you are requesting. Include a rationale for this request. You should attach supporting documentation and materials, such as a physician's statement, a professor's recommendation, a syllabus, etc. Petitions that do *not* include a clear description of the request or that do *not* provide sufficient information for the committee to evaluate will be returned to the student without being acted upon by the committee.

PLEASE RETURN PETITION TO:

Academic Petitions Committee
C/O Executive Director of Academic Programs
IU Kelley School of Business
801 W. Michigan Street, BS 3024
Indianapolis, IN 46202-5151

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVE _____

DENY _____

RETURN WITHOUT ACTION _____