



Academic Petition Form

You must keep a copy of this signed document for your records.

Name of Student: _____ Date: _____

An Intended Plan of Study (IPS) is on file in the Registrar's Office.

Program: _____ Concentration: _____

I respectfully petition the Faculty and/or Administration of GIAL:

Student Signature: _____

Date: _____

Approval: (obtain the following signatures as appropriate)

Approval Denial

Course Head: _____

Date: _____

Remarks:

Department Head: _____

Date: _____

Remarks:

Dean of Academic Affairs: _____

Date: _____

Remarks:

Return completed form to the GIAL Registrar's Office.