



ACADEMIC PETITION

(RO – 06/18)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 registrar@glenville.edu

Student's Name _____ GSC ID# _____

Permanent Address _____ PH# _____

_____ Cell PH# _____

Local Address _____ Local PH# _____

_____ Email _____

I am petitioning to: _____

Student Signature _____ **Date**

I Support I do not support

Advisor's Signature _____ **Date**

Advisor Comments: _____

Academic Appeals Committee Recommendation (if applicable): _____

Agree Disagree

Provost Signature _____ **Date**

Provost Comments: _____
