



American Jewish University
 Sunny and Isadore Familian Campus
 15600 Mulholland Dr., Bel Air, CA 90077
 (310) 476-9777

MULTIPLE PETITION FORM

To be completed by student

Student's Name: _____ Program: _____
 Course Code # : _____ Section: _____ Semester: _____
 Course Title: _____ Instructor: _____

CHECK APPROPRIATE BOX(ES) BELOW:

- | | |
|---|--|
| <input type="checkbox"/> 1. Grade of Incomplete (I) | <input type="checkbox"/> 6. Declaration of Major/Minor |
| <input type="checkbox"/> 2. Drop Course | <input type="checkbox"/> 7. Change of Major |
| <input type="checkbox"/> 3. Add Course (or Independent Study) | <input type="checkbox"/> 8. Change Grade to Pass/Fail |
| <input type="checkbox"/> 4. Withdrawal | <input type="checkbox"/> 9. Other |
| <input type="checkbox"/> 5. Leave of Absence | |

Provide reasons and details below and affix support documentation if necessary.

If incomplete, I understand that to receive credit for this course, all work must be completed and submitted no later than _____. I hereby certify that the above information is correct and I petition for the action specified above. It is my responsibility to obtain all required signatures. I understand that this petition will not be considered until it is complete, and the official date of the petition will be the date of the Registrar's signature.

Student Signature: _____ Date: _____

To be completed by faculty

Instructor Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

To be completed by administration

Dean/Director Signature: _____ Date: _____

Registrar Signature: _____ Date: _____ % Refund: _____