

**Fredric G. Levin College of Law
Office of Student Affairs
Gainesville, FL 32611-7621**

STUDENT PETITION FORM FOR THE LEVIN COLLEGE OF LAW

NAME: _____

DATE: _____

UF ID NUMBER: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

ENTERED LAW SCHOOL: _____

I WISH TO PETITION FOR ONE OF THE FOLLOWING:

_____ MISCELLANEOUS REQUESTS: (Indicate) _____

_____ OVERLOAD/UNDERLOAD: (# of HOURS) _____ TERM COMPLETED: FALL/SPRING _____ SUMMER _____

_____ STUDENT EMPLOYMENT: (Classification) _____

_____ WITHDRAWAL/DROP: (Course) _____

REASON _____

I UNDERSTAND THAT I CANNOT ASSUME MY REQUEST HAS BEEN APPROVED, AND I AM RESPONSIBLE FOR DETERMINING WHAT ACTION HAS BEEN TAKEN ON THE PETITION.

STUDENT'S SIGNATURE: _____

APPROVED: _____

DENIED: _____

DATE: _____ STUDENT AFFAIRS OFFICER: _____

