

UNIVERSITY OF LA VERNE COLLEGE OF LAW
GENERAL PETITION FORM

1. Name (please print) _____ 2. Student ID No. _____

3. La Verne Email Address _____ 4. Telephone No. _____

5. Entrance Date _____ 6. (Circle one) Full-time Part-time 7. (Circle one) Day Eve

8. Current No. of Units _____ 9. No. of Hours Employed per Week _____

10. If the petition is granted, will No. 8 and/or No. 9 change? (Circle one) Yes No
If yes, please explain:

11. REQUEST (use back if needed):

12. REASON(S) FOR REQUEST (use back if needed):

13. Student's Signature _____ Date _____

-----DO NOT WRITE BELOW THIS LINE-----
Referred to: () Dean () Associate Dean of Academic Affairs () Other _____

Action Taken: () Granted () Denied () Other

Signature: _____ Date _____

Comments: