

Student Information

Name: _____

Program: _____

Student ID#: _____

Date: _____

Repeated Course Information

Course Title	Course Code	Term	# of Times Taken

Describe in detail your request for this petition

Signatures

*Form should be submitted with **BOTH** the Academic Advisor and Chairperson Signature before being submitted to Registrar@ftc.edu

Academic Advisor Name (Print): _____

Signature: _____ Date: _____

Chairperson Name (Print): _____

Signature: _____ Date: _____

Provost Name: Dr. Marsha Pollard

Signature: _____ Date: _____

Approved: Yes No

Provost Comments: _____
