

**ASSUMPTION UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR
PETITION**

R.3

ADMISSION NO.

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<input type="checkbox"/>	Mr.	<input style="width: 100%;" type="text"/>
First Name in English (BLOCK CAPITALS)		
<input type="checkbox"/>	Ms.	<input style="width: 100%;" type="text"/>
<input type="checkbox"/>	Mrs	<input style="width: 100%;" type="text"/>
Last Name in English (BLOCK CAPITALS)		
<input style="width: 50px;" type="text"/>	Other	Faculty _____ Major _____
		Email _____ Tel _____

INSTRUCTIONS: This petition may be used to request general action by the University. A separate petition is required for each request and covers only the specific request you are making. Attach additional sheet if necessary.

Request RESIGN MAINTAIN STATUS CHANGE FACULTY/MAJOR CHANGE ADDRESS OTHER.....

Reason _____

1) OBTAIN APPROVAL

Signature _____ Date _____

Advisor or Department Chairperson _____ _____ Signature _____ Date _____	Advisor or Department Chairperson _____ _____ Signature _____ Date _____
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2) SUBMIT TO OFFICE OF THE UNIVERSITY REGISTRAR

Registration officer's approval. _____ _____ _____	Credit attempted _____ Credit passed _____ G.P.A. _____ Credits currently enrolled _____ Signature.....Date.....
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PROOF OF SUBMISSION

PETITIONER	STAFF
Admission No. _____ Name _____ Date of submission _____	Please check results on _____ Signature _____ Date _____ DD/MM/YY