WEST LIBERTY UNIVERSITY

STUDENT PETITION TO COMMITTEE ON ADMISSIONS AND CREDITS

Name:	Student I. D. No:
Address:	Phone:
	Advisor's Name:
	Major:
A copy will be emailed to you when processed.	
for the following reasons: (Explain in detail all facts relating t	o your request)
Student's Signature:	
I recommend that the above request be: APPROVED Department Chairperson	
I recommend that the above request be: APPROVED College Dean DO NOT WRI	
This is to advise you that the follo	owing action has been taken on your petition:
	Your request has been approved.
	Your request has been denied.
	Action has been deferred.
Comments:	
Committee Chairperson's Signature:	Date: