

*Please fill out all HIGHLIGHTED areas



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The College of Liberal Arts
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**Office of the Dean
PETITION FOR ACADEMIC REVIEW**

This form WILL NOT BE PROCESSED without the Chairperson's recommendation and signature

NAME: _____
Last First MI

STUDENT ID: _____ **MAJOR/CONCENTRATION:** _____

ADDRESS AT WHICH YOU RECEIVE MAIL DURING THE ACADEMIC YEAR (Print legibly, please):

PHONE NUMBER(S): () _____ () _____
Local Permanent

FINANCIAL AID: _____ **CURRENT DATE:** _____
Yes/No

CLASSIFICATION: _____ **MATRICULATION DATE:** _____
Semester/Year that you ENTERED Morgan

REQUEST (Only ONE request per form, please):

REASON(S):

*Please fill out all HIGHLIGHTED areas

REASON(S) CONTINUED:

SCHOOL ACTION:

CHAIRPERSON'S RECOMMENDATION (Please check to indicate approval or disapproval and then sign where indicated):

Approval: Disapproval:

Department Chairperson: _____
Signature

Date

ACADEMIC REVIEW COMMITTEE'S RECOMMENDATION (Please check to indicate approval or disapproval and then sign where indicated):

Approval: Disapproval:

Academic Review Committee Chair: _____
Signature

Date

DEAN'S DECISION (Please check to indicate approval or disapproval and then sign where indicated):

Approval: Disapproval:

Dean: _____
Signature

Date