



**ASSUMPTION UNIVERSITY**  
**COLLEGE OF INTERNET DISTANCE EDUCATION (CIDE)**

<p><b>PETITION</b></p> <p>Serial No. _____</p> <p>Program: _____</p>
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**INSTRUCTION:** Please fill up your request clearly and completely. A separate petition is required for each request requiring action.

Mr.  Ms.  Mrs. Admission I.D.: [ ][ ][ ]-[ ][ ][ ][ ]

NAME: \_\_\_\_\_ Tel. \_\_\_\_\_

First Name Last Name

ADDRESS: \_\_\_\_\_

**REQUEST FOR:**

Add Course(s)       Withdraw Course(s)       Change Section       Late Exam

#Course Number and Title: \_\_\_\_\_

#Instructor Name: \_\_\_\_\_ Semester: \_\_\_\_\_

Maintain Student Status       Transfer Credit(s)       Change Major       Others

# \_\_\_\_\_

**REASONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>Instructor's Comments/Approval.</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature _____ Date ____/____/____</p>	<p><b>Program Director/ Dean's Comments/Approval.</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature _____ Date ____/____/____</p>
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**For Office Use Only**

For action       Forward to Registrar Office, AU

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Registration Staff, CIDE)