

**West Texas A&M University
OFFICE OF THE REGISTRAR
PETITION**

For Waiver of University Regulations

WTAMU Box 60877 Canyon, Texas 79016-0001 806-651-4911 FAX 806-651-4949

Incomplete forms will not be reviewed!

Student Full Name (last, first)	WT ID
Address	Class Level
	Major
Email _____@buffs.wtamu.edu	Phone
Petition Involves: <input type="checkbox"/> Deadline <input type="checkbox"/> Advising <input type="checkbox"/> Policy <input type="checkbox"/> Other _____	
Are you on Financial Aid? Yes No	
Are you receiving Veteran's Benefits? Yes No	
Are you an athlete? Yes No	
Was this an emergency - medical or otherwise (circle one): Yes No	
If Yes, provide documentation.	
Does this appeal involve a particular course (circle one): Yes No	
If Yes, list semester, course number and professor:	
Outline situation and desired results - be specific (add page as necessary):	

Signature of Student

Date

Registrar's Recommendation

Petition (circle one): **Approved** Denied Deferred Referred

Signature of Registrar

Date