

SUBMIT ALL DOCUMENTATION TO: Office of the Registrar, Box 5002, North Bay, ON P1B 8L7; Fax: (705) 495-1772; E-mail: petitions@nipissingu.ca

An academic petition is a request that you be granted an exception to an academic regulation with which all students must comply. A petition will be considered when your circumstance meets each of the following conditions:

1. was beyond your control;
2. could not reasonably have been anticipated or overcome; and
3. has seriously affected your studies.

Student Information	
STUDENT NUMBER	NAME
DAYTIME PHONE NUMBER	NIPISSING UNIVERSITY E-MAIL ADDRESS
UNDERGRADUATE DEGREE PROGRAM	CAMPUS ATTENDING: <input type="checkbox"/> NORTH BAY <input type="checkbox"/> MUSKOKA <input type="checkbox"/> BRANTFORD <input type="checkbox"/> DISTANCE
Keep your information up-to-date! Make sure we have your current contact information on WebAdvisor.	

Please indicate your petition request below. A concise personal letter must also accompany your request.

- | | | |
|--|--|--|
| <input type="checkbox"/> Exception to Program Requirements | <input type="checkbox"/> Late Registration | <input type="checkbox"/> Late Withdrawal |
| <input type="checkbox"/> Admission/Readmission | <input type="checkbox"/> Other (specify) _____ | |

Checklist
<input type="checkbox"/> Complete Academic Petition Form with signatures (mandatory)
<input type="checkbox"/> Personal Letter (mandatory) clearly stating: <ul style="list-style-type: none"> ▪ Regulation(s) being petitioned: clearly indicate the regulation(s) from which you are seeking exemption. ▪ Extenuating circumstance(s) beyond your control which adversely affected your ability to comply with that regulation, policy, rule or deadline.
<input type="checkbox"/> Late Registration Form (if applicable)
<input type="checkbox"/> Late Withdrawal Form (if applicable)
<input type="checkbox"/> Counseling & Student Accessibility Services Form (if applicable)
<input type="checkbox"/> Attending Physician's Statement (if applicable)
<input type="checkbox"/> Additional Documentation (specify):

I hereby certify that all information on this form and all statements in the attached petition letter and supporting documentation are correct and complete. I understand that any misrepresentation of this information may lead to a charge of breach of academic dishonesty.

Student's Signature	Date
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For Office Use Only	
COMMITTEE DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Initials _____ Effective Date: _____
Comments/Conditions: _____	
Processed by: _____	Date: _____

PRIVACY: Personal information in connection with this form is collected under the authority of the Nipissing University Act, 1992 for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions regarding the collection, use and disclosure of this information by the University, please contact the Office of the Registrar, Nipissing University, Box 5002, North Bay ON P1B 8L7, (705) 474-3461, ext. 4521.