Instructions for Completion of the Petition to the College Standards Committee

- 1. Please word-process, type the form, or print legibly.
- 2. Complete the following:
 - Name, ASU ID #, Date, Local address and phone number, including zip code.
 - Major: Journalism & Mass Communication.
 - College: Walter Cronkite School of Journalism & Mass Communication.
 - E-Mail Address
 - **Total hours completed** as of date submitted. This information is in the first page of your DARS printout.
 - Catalog Year: The ASU catalog year is probably the year you began taking courses at ASU. If you are uncertain, just indicate the current catalog year (205-2006).
 - **GPA** for all ASU courses is found on the first page of your DARS printout.
- 3. Request for a Course Overload Please state clearly but briefly your reason for requesting a course overload.
 - Fall or Spring semester OR
 - **Summer Term** *Please note: These petitions are rarely approved.*
 - Note whether your overload is for A, B or C session
- **4. Student Signature and Date** Please be sure to sign and date your petition.
- 5. Return the completed petition to your academic advisor.

You will be notified by e-mail or phone of the committee's decision. Please note that incomplete or illegible petitions will be returned without review.

Walter Cronkite School of Journalism & Mass Communication Overload/College Standards Petition

| | | | | | ☐ Blind Petition | |
|--|---|------------------------------------|--------------|------------------|------------------|--|
| Name (Last, First) | ASU Student II | ASU Student ID | | | Local Phone | |
| Local Mailing Address | City, State, Zip | City, State, Zip | | E-mail Address | | |
| Major | Total Hours Completed | Current GPA Catalog Enrolled Under | | Under | | |
| Request for Course Overload | | | | | | |
| Semester: | | | | | | |
| Summer Term: (Overloads are rarely approved) ☐ Over 7 Hours in a 6 week summer session ☐ Over 14 hours for the entire summer | | | | | | |
| ☐ A Session ☐ B Session |] A Session □ B Session □ C Session Total | | | hours requested: | | |
| Please explain clearly why you feel you should be permitted to carry more than the maximum number of hours. (Please attach additional sheet if necessary.) | | | | | | |
| Student Signature | | Date | | | | |
| DO NOT WRITE BELOW THIS LINE | | | | | | |
| Last semester Hours | _ast Semester GPA | | | | | |
| Recommendation of Advisor: Comments: | ☐ Approval | ☐ Disapproval ☐ | Forward with | out Recomme | ndation | |
| Advisor Signature | | Date | | | | |
| Standards Committee/Dean-s Designee/ Dean-s Recommendation: Approval Disapproval Comments: | | | | | | |
| Authorized Signature | | Da | ate | | | |

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