

**PETITION TO THE DEADLINE APPEALS COMMITTEE**

1. Petitions to the Deadline Appeals Committee must be submitted within **14 calendar days of the deadline that is being appealed.**
2. Attach a completed Schedule Change or Registration Form.
3. Return this form to the Student Resource Center via Mail, Email, Fax or In Person (Hester Building Room 11; [StudentResourceCenter@hnu.edu](mailto:StudentResourceCenter@hnu.edu), Fax: (510) 436-1199)

**STUDENT INFORMATION:**

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Major: \_\_\_\_\_

Advisor: \_\_\_\_\_

Course ID: \_\_\_\_\_

Semester/Term and Year: \_\_\_\_\_

Last Day You Attended Class: \_\_\_\_\_

**REASON FOR REQUEST:**

Late Withdrawal

Late Change in Class Status

Late Registration/Graduation Fees

Late Incomplete/Deferred Grade Petition

Incomplete/Deferred Extension

Late Add

Late Drop

→ If denied *Late Drop*, would you like to be considered for a withdraw/late withdraw? \_\_\_\_\_

Withdraw (acceptable before withdraw deadline)

Late Withdraw (for a 2<sup>nd</sup> consideration by committee)

**How many petitions have you previously submitted to the Deadline Appeals Committee?** \_\_\_\_\_

*Note: Students with 2 previous petitions will be required to meet in person with the committee. Students will be asked to explain (and provide documentation for) the high number of petitions, along with specific steps they will take going forward not to miss important deadlines. We will send an email notifying you when and where to appear.*

**Student should initial next to each line, or write in N/A if not applicable. We will not accept this form if it is missing any required signatures/initials:**

1. I have contacted my advisor regarding this change and am aware that this appeal could change my progress towards degree.  
\_\_\_\_\_ (please initial)
2. I have spoken with Student Financial Assistance and Student Accounts and am aware that this change could affect my financial aid, scholarships, balance due, and/or satisfactory academic progress (SAP).  
\_\_\_\_\_ (please initial)
3. If applicable, I have spoken with the Athletic Compliance Coordinator about this change and am aware that this could affect my athletic eligibility. \_\_\_\_\_ (please initial)
4. If applicable, I have spoken with the Registrar's Office about this change and am aware that this could affect my Veteran's benefits and certification. \_\_\_\_\_ (please initial)
5. I understand that completion of the appeal form does not guarantee approval of the request. However, the committee does meet on a regular basis, and gives individual attention to each case received. Notification of the decision will be sent via my HNU Student Email Address. \_\_\_\_\_ (please initial)



HOLY NAMES UNIVERSITY Since 1868

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Student Statement: State your request and indicate why the academic calendar deadline was missed. The Committee will need to see evidence of an extenuating or emergency circumstance that prevented you from meeting the deadline. Supporting documentation (e.g. medical documentation, travel records, email correspondence, etc.) must be detailed & relevant to the requested exception. (Attach a separate sheet if necessary)

Empty rectangular box for student statement

Advisor and/or Instructor Statement(s): If this is a late add or drop, we will need a signed statement from the instructor confirming your attendance (for an add request) or non-attendance (for a drop request). (Attach a separate sheet if necessary)

Empty rectangular box for advisor/instructor statement

Student Signature: (required): \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ (Required only if statement is provided above)

Instructor Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ (Required only if statement is provided above)

DAC Committee Comments: \_\_\_\_\_