



WICHITA STATE UNIVERSITY

COLLEGE OF HEALTH PROFESSIONS

Advising and Student Services

Petition # _____
(Office Use Only)

APPLICATION FOR EXCEPTION TO CATALOG REGULATIONS COLLEGE OF HEALTH PROFESSIONS

Name _____ WSU ID _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Major _____ Email _____

Student Signature _____ Date _____

Do you want your results emailed to you? Yes No

Part I: State in a single sentence your request (e.g. readmission, late withdrawal of courses, waiver of graduation requirements, etc.). For late withdrawals, please include all relevant information such as course names and the semester involved.

If applying for readmission, please indicate which semester you wish to begin taking classes:

Fall Spring Summer Year 20 _____

Part II: Justification Letter for Request

1. Request letter must be typed. Check spelling and grammar.
2. Letter must include relevant information about what happened, and your plan to remedy any problems.
3. Attach unofficial copies of transcripts if you attended another school after leaving WSU.
4. Turn in your petition to the CHP Advising Center: 402 Ahlberg Hall. Or save, email, and attach completed form to chp.advisor@wichita.edu.

Part III: Documentation

1. If you cite medical, employment, or serious personal issues in your justification letter, you **must** include documentation.

Office Use Only

College Committee

Approve Deny

Comments:

Signature _____

Date _____

University Committee

Approve Deny

Comments:

Signature _____

Date _____

Justification Letter: