

Saint Louis University

Petition for Revision of Academic Record

Form #40

Section 1 Student

Student Name

Student ID

Phone #

Email

Primary Program/Major

Student Address

Section 2 Semester

Semester and year to be revised
(fall/winter/spring/summer and year)

Please submit multiple petitions if seeking an academic record revision to multiple terms.

Section 3 Supporting Documentation

As applicable, provide the following supporting documentation:

- * If the revision sought is due to medical reasons submit an [Academic Records Revision Medical Certification Form](#) along with this form.
- * If the revision sought is due to student accommodations submit a *Disability Services Verification Memo* provided by Office of Disability Services along with this form.
- * If the revision sought is undergraduate academic amnesty submit the [Petition for Academic Amnesty \(Undergraduate\)](#) along with this form.
- * If the revision sought is a reinstated course extension after a grade of "I" was changed to an "F" submit a new [Petition for Course Extension \(Incomplete Grade\)](#) along with this form.
- * If the revision sought is a grade change after 90 days submit an [Academic Records Revision Grade Change](#) along with this form.
- * If the revision sought is a complete drop or complete withdrawal submit an [Academic Records Revision Complete Drop/Withdrawal](#) along with this form.
- * If the revision sought is a partial drop or partial withdrawal submit an [Academic Records Revision Drop/Withdraw from Course\(s\)](#) along with this form.
- * If the revision sought is a change in credits submit an [Academic Records Revision Credit Change Appeal](#) along with this form.
- * If the revision sought is a change in grading option an [Academic Records Revision Grade Option Change](#) along with this form.
- * If the revision sought is a late registration request an [Academic Records Revision Late Registration Request](#) along with this form.

Section 4 Financial

Are you requesting a tuition and/or fee refund?

Yes ☐ No ☐

Did you receive Veteran benefits the term you are seeking a revision?

Yes ☐ No ☐

Did you receive Financial Aid the term you are seeking a revision?

Yes ☐ No ☐

By submitting this request, you are affirming you understand that revisions may impact your financial aid and financial responsibilities for the term you are seeking a revision.

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Section 5
Revision and Justification

State in clear and concise sentences what academic record revision you are requesting and why this petition is being submitted. (attach additional documentation as applicable)

Section 6
Signature

I understand and acknowledge that:

- * Retroactive changes to a student's permanent academic record due to documented extenuating circumstances will be reviewed and decided on by the Academic Records Revision Committee (ARRC).
- * If this petition for revision is declined a student may submit additional documentation and ask the committee to reconsider their petition through the assistant or associate dean of the college or school who brought the original petition to ARRC. The committee will not consider cases for which no new documentation is available. Further appeals are not permitted.

Student Signature

Date

Form Procedures

1. Student completes sections 1, 2, 4 and 5.
2. Students completes appropriate supporting documentation outlined in section 3.
3. Student acknowledges conditions and policies by signing in section 6.
4. Student submits petition to the Dean of their College/School or Director of their Center.