



PETITION FOR SPECIAL CIRCUMSTANCES

Quarter _____	Year _____
Student ID # _____	

Submit your completed form to:
UW Professional & Continuing Education Petition Committee, P.O. Box 45010, Seattle, WA 98145-0010 or Fax: 206-685-9359.

Name (last)	(first)	(middle)	Date
Signature		Social Security (optional)* or UW Student Number	
Address			Daytime Phone Number
City	State	ZIP	Evening Phone Number

*For purposes of the new Hope and Lifetime Learning tax credits, federal law (section 6109 of the Internal Revenue Code) requires the University to obtain your Social Security number.

This petition is to:	(State specific course information)
<input type="checkbox"/> Add after deadline	
<input type="checkbox"/> Register after deadline	
<input type="checkbox"/> Drop after deadline	
<input type="checkbox"/> Withdraw after deadline	
<input type="checkbox"/> Waive late fees	
<input type="checkbox"/> Request Refund	
<input type="checkbox"/> Change to / from audit	
<input type="checkbox"/> Change to / from S/NS	
<input type="checkbox"/> Multiple course request	
<input type="checkbox"/> Other:	

Reason: (Use back of the form or additional paper if necessary. Provide necessary verification or documentation to support your request, i.e., physician's letter, instructor's signature, etc.)

THIS SPACE RESERVED FOR COMMITTEE ACTION