



Petition for Special Consideration

Instructions:

1. **Type Information * indicates required field.**
(you will need the Free Adobe Acrobat Reader version 5.0 or higher to type your information into the fields)
2. **Use separate sheet if more space is needed for "PETITION INFO." Attach additional pages.**
3. **Attach appropriate documentation if applicable.**
4. **Include Name and Campus ID on all attachments.**
5. **Scan and submit completed form to certificate@lafollette.wisc.edu.**
6. **Approval Signatures are not required to submit form.**

STUDENT INFORMATION			
*Campus ID		*Email Address	
*Last Name		*First Name	*Middle Initial
*Contact Phone (include area code)		Academic Program and Level	
PETITION INFORMATION			
*For which certificate requirement are you requesting an alternative or exception?			
*Requested action (substitution, etc.) or proposed alternative:			
*Explain why you are making this request. Be specific. Use and attach additional pages/documents if needed.			
*How does this impact your education plans?			
*I understand that I am responsible for any implications that may result from this request.			
*Student Signature		*Date	
APPROVAL (For office use only)			
Reviewed by Admissions & Advising Coordinator (signature)		Date	
Additional Notes/Approval			