Updated 01/2019

## **Saint Louis University**

**Academic Records Revision Past Registration Request** 

Student Name	Student ID	Phone #	Email	
Semester (fall/winter/spring/summer and year)				
Course Reference Numbe	r (CRN)			
Course Subject/Number/Section				
State in clear and concise so	entences why a Past Re	gistration Requ	est is being submitted	

State in clear and concise sentences the support for a past registration and academic records revision.

## Saint Louis University Academic Records Revision Past Registration Request

Date

Section 4 Acknowledgements

## I understand and acknowledge that:

- \* A Petition for Academic Revision of Records will only be considered up to one year (12 months) after the end of the term in which the course was taken or up to one year (12 months) after the deadline for an approved Course Extension (Incomplete Grade).
- \* Adding courses may result in additional tuition and fees.

Requested Grade		
Instructor Name	Signature	 Date

## **Form Procedures**

1. Student completes sections 1 and 2.

**Student Signature** 

- 2. Student acknowledges conditions and policies related to a late registration request in section 4.
- 3. Instructor justification for a past registration request in section 3.
- 4. Instructor requests late registration and approves via signature in section 5.
- 5. Student submits petition Student submits petition to the Dean of their College/School or Director of their Center along with the Petition for Revision of Academic Record.