# Petition Form – College of Education

Name _____ Student ID_____
Last First Middle

Address _____
Number Street City State Zip Code

Email _____ Phone _____

College_____ Major _____

First UNLV enrollment: Sem _____ Yr _____ Current GPA _____ Date of Graduation _____Catalog Year_____

Total hrs. completed _____ Sem. hrs in progress _____ Are you requesting credit overload? ☐ YES ☐ NO

If yes, check semester for which you are requesting the overload: 20___ ☐ Fall ☐ Spring Summer Session 20___ ☐ 1st ☐ 2nd ☐ 3rd

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**Requested Action and Justification:**

Thank you for your consideration.

I hereby authorize the Registrar's Office to release my academic records to the appropriate faculty committee.

_____
Student Signature Date

| Signatures Verifying Action Taken | Approved | Disapproved | Date |
|---|---|---|---|
| Director ESSC _____ | _____ | _____ | _____ |
| Chair _____ | _____ | _____ | _____ |
| Dean _____ | _____ | _____ | _____ |
| Coordinator _____ | _____ | _____ | _____ |
| Instructor _____ | _____ | _____ | _____ |

Comments:

Reason for Denial: