



Office of Advising  
190 Prospect Ave.  
Elmhurst, IL 60126  
(630) 617-3450  
advising@elmhurst.edu

<b>PETITION FORM</b>	
<input type="checkbox"/> Integrated Curriculum	<input type="checkbox"/> Other

\_\_\_\_\_ **Print Student Name**

\_\_\_\_\_ **eNumber**

\_\_\_\_\_ **Student's Signature**

\_\_\_\_\_ **Elmhurst University E-mail Address**

\_\_\_\_\_ **Phone Number**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Anticipated Graduation Date**

1. You are required to attach a course description and syllabus for non-Elmhurst courses.
2. Advisor or Department Chair must review, **comment** and sign (email accepted) on the petition prior to student submitting it to the Office of Advising.
3. Turn in the completed form, including Advisor signature/email, to the Office of Advising, Goebel Hall 103 or advising@elmhurst.edu.
4. Allow 2-3 weeks for review. Results will be sent to both your EU email and your Advisor.

I HEREBY PETITION TO:

FOR THE FOLLOWING REASONS (attach additional page if needed):

**REQUIRED - Advisor Rationale for Request** (if more room is needed, please attach separate sheet):

\_\_\_\_\_ **Advisor Signature and Date**

\_\_\_\_\_ **Print Advisor Name**

\_\_\_\_\_ **Office Use Only**

COMMENTS: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ OTHER: \_\_\_\_\_

ACADEMIC AFFAIRS DEAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_