School of Kinesiology
Undergraduate Program Petition Form

Completed petitions should be returned to 555 S. Forest Ave.
All decisions will be emailed to students

DATE: ______________________  UMID#: __ __ __ __ __ __ __ __ (8 digit number)

NAME: __________________________________________

STUDENT SIGNATURE: __________________________________________

LOCAL PHONE: ______________________  E-MAIL ADDRESS: ______________________

Office of Undergraduate Student Affairs (OUSA) Advisor: ______________________

Class standing (circle one): Freshman  Sophomore  Junior  Senior

Major (circle one): MOVESCI  SM  HFL  AT  UNDECIDED

IT IS THE RESPONSIBILITY OF EACH STUDENT TO UNDERSTAND THE REQUIREMENTS OF THEIR CHOSEN MAJOR (ACADEMIC PLAN). SEE THE KINESIOLOGY BULLETIN LOCATED AT WWW.KINES.UMICH.EDU.

SPECIFIC DESCRIPTION OF PETITION REQUEST (PLEASE PRINT):

________________________________________________________________________________________________________________________________________

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Student instructions:

• Attach a typed statement explaining your request.
• Attach a copy of your UM unofficial transcript that includes your name (print from Wolverine Access)
• Circle which credits you are referring to on UM unofficial transcript
• Attach a copy of the course description and/or syllabus from the course one wishes to substitute or transfer.

PLEASE NOTE: YOU WILL GENERALLY RECEIVE A RESPONSE WITHIN TWO WEEKS, HOWEVER, IF INFORMATION IS INCOMPLETE OR MISSING THIS WILL DELAY THE REVIEW OF THIS PETITION.

Signatures:

Curriculum Representative: __________________________________________  Date: ____________

☐ Support  ☐ Does Not Support  Reason for denial: __________________________________________

Director of OUSA: __________________________________________  Date: ____________

☐ Approved  ☐ Denied  Reason for denial: __________________________________________

Student notified on: ____________  Student notified by: ____________

Office Use Only