LAU School of Pharmacy

# INTERNAL PETITION FORM

**KINDLY ATTACH AN UPDATED UNOFFICIAL TRANSCRIPT**

**NAME:** _____ **ID#:** _____ **TEL. #:** _____

**GPA =** _____ **# OF C- =** _____ **# OF D-/D/D+ =** _____ **# OF F =** _____ **# OF W =** _____

**SUBJECT:** _____

**SUMMARY OF CASE AND PETITION:**

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**STUDENT'S SIGNATURE:** _____ **DATE:** _____

**ADVISOR/INSTRUCTOR'S INPUT:** _____

_____

**SIGNATURE:** _____ **DATE:** _____

☐ **APPROVED** ☐ **REJECTED**

**COMMENT:** _____

_____

**SIGNATURE:** _____ **DATE:** _____