



KELLEY SCHOOL OF BUSINESS

INDIANA UNIVERSITY
IUPUI

**Indiana University Kelley School of Business Petition
Form**

DATE _____

NAME _____ UNIVERSITY ID# 0 0 0 _____

ADDRESS _____ CITY/STATE/ZIP _____

MAJOR _____ IUPUI EMAIL _____

PHONE (Day) _____ (Evening) _____

INSTRUCTIONS

Please state clearly on a separate piece of paper *exactly* what you are requesting. Include a rationale for this request. You should attach supporting documentation and materials, such as a physician’s statement, a professors recommendation, a syllabus, etc. Petitions that do *not* include a clear description of the request or that do *not* provide sufficient information for the committee to evaluate will be returned to the student without being acted upon by the committee.

PLEASE RETURN PETITION TO:

Academic Petitions Committee
C/O Director of Undergraduate
Programs
IU Kelley School of Business
801 W. Michigan Street, BS 3024
Indianapolis, IN 46202-5151

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVE _____

DENY _____

RETURN WITHOUT ACTION _____