



**UMKC SCHOOL OF PHARMACY
PETITION REQUEST FORM**

FULL NAME: _____ UMKC ID #: _____
Last First MI

Telephone #: (____) _____ Year: (circle one) Prov. 1 2 3 4 5 B.S.

Current Address: _____
Street City State Zip

OBJECT OF PETITION: What do you want permission to do?

JUSTIFICATION FOR PETITION: Why do you feel you should be allowed to do this?
(Be specific – Outline a plan of action)

(please attach additional pages as needed)

ATTACHMENTS: Please list any documents you are submitting with your petition to help your justification.

I give permission for the members of the Committee on Admissions & Academic Requirements to review this petition and my academic record.

*Student's Signature: _____ Date: _____

I have reviewed this petition and support do not support it. (Please justify below.)

Professional Development/Faculty Advisor's Printed Name: _____

*Pro. Dev./Faculty Advisor's Signature: _____ Date: _____

This petition was approved denied on _____

***BOTH SIGNATURES ARE REQUIRED** before the Committee on Admissions and Academic Requirements will review.