Samuel Merritt University
Office of the Registrar
450 30th Street, Suite 2802
Oakland, CA 94609
Telephone: 510-869-1550 Fax: 510-869-6204

OPEN/ EXCEPTIONAL ACTION PETITION

This petition may be used for requests for which specific petition forms do not exist. State your request and give your reason(s) in the space below – BE CONCISE AND FACTUAL. Secure the necessary approval signatures and submit the completed form to the Office of the Registrar.

Please print

NAME: _____

STUDENT ID: _____

ADDRESS: _____

TELEPHONE: _____

REQUEST:

Student Signature: _____ Date: _____

_____**DO NOT WRITE BELOW THIS LINE**_____

Request is: ( ) Approved ( ) Denied

_____ Date: _____
Undergraduate/ Graduate Coordinator/ Department Chairperson/ Academic Dean

_____ Date: _____
Registrar/ Chief Financial Officer