

**ASSUMPTION UNIVERSITY  
OFFICE OF THE UNIVERSITY REGISTRAR  
PETITION**

R.3

ADMISSION NO.

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<input type="checkbox"/>	Mr.	
First Name in English (BLOCK CAPITALS)		
<input type="checkbox"/>	Ms.	
<input type="checkbox"/>	Mrs	
Last Name in English (BLOCK CAPITALS)		
<input type="checkbox"/>	Other	Faculty _____ Major _____ Email _____ Tel _____

**INSTRUCTIONS:** This petition may be used to request general action by the University. A separate petition is required for each request and covers only the specific request you are making. Attach additional sheet if necessary.

**Request**     CHANGE FACULTY/MAJOR     CHANGE ADDRESS     OTHER \_\_\_\_\_

Reason \_\_\_\_\_

**1) OBTAIN APPROVAL**

	Signature _____ Date _____
Advisor or Department Chairperson _____	Advisor or Department Chairperson _____
Signature _____ Date _____	Signature _____ Date _____

**2) SUBMIT TO OFFICE OF THE UNIVERSITY REGISTRAR**

Registration officer's approval. _____	Credit attempted _____ Credit passed _____
_____	G.P.A. _____ Credits currently enrolled _____
_____	Signature _____ Date _____

**PROOF OF SUBMISSION**

PETITIONER	STAFF
Admission No. _____	Please check results on _____
Name _____	Signature _____ Date _____
Date of submission _____	Date _____ DD/MM/YY