

PETITION FORM

ANTONIN SCALIA LAW SCHOOL, GEORGE MASON UNIVERSITY – Records Office

Phone: 703-993-8015 / Fax: 703-993-8019 / Email: lwrecord@gmu.edu

Instructions: Complete both sides of this form, attach all supporting documentation, and return to the Law Records Office. Petitioners will receive a decision via their student mailbox, email or by phone.

Name: _____ G# _____ Date: _____

Mailing Address: _____

Is this a new address: Yes No

E-mail _____ Phone: _____

Current Status: Full-time _____ Part-time _____ Current Year: 1D 1E 2D 2E 3D 3E 4E

Degree: JD LLM JM Visitor

Anticipated Graduation Date: May _____ July _____ December _____

Reason for Petition: Check all that apply below and state as concisely as possible the reasons(s) for your request(s) on the next page/reverse. Attach all supporting documentation.

_____ Change of status to: Part-Time Full-Time

Semester Effective: Fall _____ Spring _____

Does this change impact your anticipated graduation date: No Yes (new date: _____)

If you receive a scholarship from the law school you must initial here _____ and first send this form to the Admissions Office at lawschol@gmu.edu for their review. Once they have reviewed the implications of the switch to your scholarship, they will initial here _____. This form can then be sent to the Records Office for approval.

If you are requesting a change to full-time status, please sign below certifying that while you are full-time (i.e., enrolled in more than 12 credits) you will not be employed more than 20 hours per week (as required by Academic Regulation 3-1.2). To request a waiver of the 20 hour per week limit, please check the box below and state your reason(s) on the next page/reverse of this form. Waivers may be granted for good cause shown.

Signature: _____ I am seeking a waiver.

_____ Exam Reschedule (Rescheduled exams will be moved to the Make Up Exam Period):

_____ Conflicting exams (with start times less than 24 hours apart).

On the next page/reverse of this form, please list the conflicting exams (course name, number, and section) and the exam dates and times. Notice regarding which exam is rescheduled will be put in your student mailbox approximately three weeks before exams.

_____ Other Exam Conflict

_____ Paper Due Date Reschedule

_____ Other

_____ Approved

_____ Denied

Annamaria Nields, Associate Dean, Student Affairs
& Academic Support

Date

OVER→

State as concisely as possible the reason(s) for your request(s). Attach all supporting documentation.

Student Signature: _____