
PLEASE COMPLETE THIS SIDE OF THE STUDENT PETITION AND RETURN TO:
THE OFFICE OF EDUCATIONAL SERVICES, ROOM 101, MAIN BUILDING

Name _____ Student ID # or Social Security # _____
Last First Middle

Mailing Address _____
Street City State Zip Code

Telephone _____ Telephone _____
Home Business

Major Department _____ Specialization/Minor _____

Student Classification:

Full-time

Part-time

Enrollment Status:

Currently enrolled at IIT

Not currently enrolled at IIT

IIT course equivalents and the courses you wish to complete at another institution:

IIT

SHIMER COLLEGE

Grades of "C" or higher will transfer

("C-" grades will not transfer)

_____	_____
_____	_____
_____	_____

BRIEFLY EXPLAIN REASON FOR THIS REQUEST

Student's Signature

Date

FOR OFFICE USE ONLY

Petition approved _____
Date

Petition denied _____
Date