University of Wyoming School of Pharmacy
Student Policy Petition Form

Students in the School of Pharmacy have the right to petition in writing for exceptions to School of Pharmacy student policy. In addition, students must petition in writing for reinstatement from academic suspension from the University or for permission to enroll in pharmacy courses if on academic probation. This form must be completed and returned within 5 business days of its receipt.

To Be Completed by Student:

Student Name: ___________________________ Date: __________
Address (Current): _______________________ City _______ State _______ Zip _______
Telephone (Current): _____________________ Advisor: ______________

Purpose of Petition: (What do you want to have considered?) Check all that apply:

☐ Continuation in the pharmacy program
☐ Permission to enroll in course(s) not previously taken (list course number(s))
☐ Substitution of a course for a School of Pharmacy requirement (please provide the information below)

Class for which waiver is being requested __________________________

☐ Class taken at UW Semester taken ___________ Final Grade _________

☐ Class taken at another institution Semester taken ___________ Name of Course _______________________

Institution ___________________________ Final Grade ______________

*Students must include a copy of their transcript with coursework highlighted.

☐ Waiver of a School of Pharmacy requirement (Please explain)
☐ Electives Policy Exception
☐ Other (Please explain)

Please answer the following in the subsequent pages at the end of this petition:
1. Plan of Study. (Please fill out the course request worksheet attached to this form.)
2. Circumstances requiring petition (In detail, including any applicable course numbers, course titles, instructors, etc)
3. Reasons why you believe the petition should be approved.

Advisor Comments:

Student Signature: (required) _________________________________________________
Advisor Signature: (required) ________________________________________________
Instructor/Coordinator: (if applicable) ___________________________________________
Experiential Director: (if applicable) ___________________________________________
Director of Pharmacy Practice: (if applicable) _________________________________
Director of Pharmaceutical Sciences: (if applicable) _____________________________
Dean (If required): __________________________________________________________
1. Plan of Study

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<thead>
<tr>
<th>Course Abbreviation and Number</th>
<th>Course Name</th>
<th>Credit Hours</th>
<th>USP Requirement</th>
<th>Does it meet elective policy</th>
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2. Circumstances requiring petition (In detail, including any applicable course numbers, course titles, instructors etc)

3. Reasons why you believe the petition should be approved.