

Date Received _____



Online Course Petition

Name: _____

Classification (check one): Freshman Sophomore Junior Senior Degree Completion

Cell Number: _____

Email Address: _____

For consideration into an online course, please return this completed form to the Office of Distributed Learning located in Founders Hall Room FH39. Please attach any relevant documentation that may support your request. Petitions will be reviewed by the Director of Distributed Learning and you will be notified accordingly. A change of registration form will be completed for approved petitions. You must pick up and deliver to the Registrar's Office your signed change of registration form to secure your schedule change.

1. Course and Semester: _____

2. Please clearly present your need to enroll in this online course: _____

3. Please indicate the reason a campus course will not meet your academic needs: _____

4. Please list any extenuating circumstances surrounding your need to take this course online: _____

Office Use Only:

Action Required: _____

Student Contacted: _____

Date: _____

Email: distancelearning@malone.edu

Phone: 330-471-8423