


## Dual Credit Academic Petition Packet

1. Complete attached *Academic Petition* and *Dual Credit Program Registration* (if applicable) forms with all necessary course information and required signatures: student, parent, counselor, and instructor (see *example* and signature map below).
2. Submit \$10 petition fee to Student Accounts. Payment can be made with a credit card over the phone at 208-885-7447 or in-person at Bruce Pitman Center, Room 125.
3. Email completed forms and payment receipt to [dualcredit@uidaho.edu](mailto:dualcredit@uidaho.edu).
4. Your petition will be processed and submitted to the Petition Committee for review; Dual Credit will contact you with the results.


**\* If you are petitioning to enroll into a class(es) after the registration deadline has passed and have not participated in Dual Credit courses with University of Idaho previously, please reach out to Katy Riebold at [kriebold@uidaho.edu](mailto:kriebold@uidaho.edu) for steps on applying for admission prior to submitting your petition packet.**

### Important Notes for Completing the Forms

- The course's unique class registration number (CRN), subject, number, and section must be included on both the *Academic Petition* and *Dual Credit Program Registration* forms.

CLASS REGISTRATION INFORMATION * A non-degree dual credit student may register for no more than 13 credits each semester.							
* CRN <i>Ex. 12345</i>	* Subject <i>ENGL</i>	* Number <i>101</i>	* Section <i>99</i>	* Credits <i>3</i>	* Title <i>Intro to College Writing</i>	Additional Fees	* Instructor or Depart. Signature
12345	MATH	143	114	3	College Algebra		

- The CRN for courses offered at your high school can be found on the *Course Schedule* page on the [Dual Credit website](#).



University of Idaho

Dual Credit

Starting Term	Course Number	Section Number	Course Title	CRN	
Spring 2024	AGED 101	106	Verbal Comm in Agriculture	78188	Bonnars Ferry

- The CRN for courses offered online or on the U of I campus can be found on the U of I [Class Schedule](#) page.

CRN	Subject	Number	Section	Credits	Title	Days	Location
47917	PSYC	101	02	3	Introduction to Psychology		
		Jan 10, 2024	May 10, 2024		09:30 am - 10:45 am	TR	RENFREW HALL
		Karyn N. Pula			Classroom Meeting	200	145

- All signatures and printed names must be included on both forms. See the signature map below indicating where each signature line is located.

# University of Idaho ACADEMIC PETITION

### HOW TO REQUEST PETITION:

1. Complete petition form with course information and reasons (on reverse).
2. Sign the form and have advisor/college sign.
3. Pay \$10 fee at Student Accounts/Cashiers (BPC).
4. Return petition form to academic dean's office.
5. If you are petitioning to register after the deadline, you must complete the process by paying registration fees to the Student Accounts/Cashiers Office if the petition is approved. Approval of the petition does not guarantee admission to any specific course.

NAME: \_\_\_\_\_  
 ID #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Degree: \_\_\_\_\_ Major: \_\_\_\_\_

*is requesting a petition for the following action and for the reason indicated on the reverse:*

**WITHDRAW** from the semester(s): \_\_\_\_\_

**ADD, DROP, WITHDRAW** from the class(es) below after deadline:

Action Requesting	Semester/Year	CRN	Subject	Number	Section	Credits
<input type="checkbox"/> Withdraw <input type="checkbox"/> Drop <input type="checkbox"/> Add						
<input type="checkbox"/> Withdraw <input type="checkbox"/> Drop <input type="checkbox"/> Add						
<input type="checkbox"/> Withdraw <input type="checkbox"/> Drop <input type="checkbox"/> Add						

**Instructor Signature Required to ADD:**

**CHANGE** credits for the following class registration after deadline:

Semester/Year	CRN	Subject	Number	Section	Current Credit	New Credit

**GRADE CORRECTION OR INCOMPLETE EXTENSION** from instructor for the following class after deadline:

Semester/Year	CRN	Subject	Number	Section	New Grade	Extension Date	Reversion Grade

Instructor Signature Required:

Waive/substitute requirements for **GRADUATION**: \_\_\_\_\_

Other: \_\_\_\_\_

**Student:** please briefly describe reason/circumstances for petition on reverse side

**Advisor/College:** please provide support/rationale for petition on reverse side

### COMMITTEE USE ONLY/DO NOT WRITE BELOW LINE

- Approved Unanimously    Approved Not Unanimously    Denied Unanimously    Denied Not Unanimously

**Student:** please provide a brief explanation of the reason for your petition and sign:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

**Advisor/College:** please provide brief support/rationale for student's petition and sign:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADVISOR/COLLEGE SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_



### ON-CAMPUS OR ONLINE REGISTRATION FORM

STUDENT INFORMATION							
Full Legal Name _____						UI Vandal Number _____	
Last _____		First _____		Middle _____		V _____	
Mailing Address _____						E-mail _____	
Street / PO Box _____						Current Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
City _____						Birth Date: / / _____	
State _____						ZIP _____	
High School Name _____						Semester _____	
						<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	
CLASS REGISTRATION INFORMATION							
A non-degree student may register for no more than 12 credits each semester and may complete a maximum of 60 semester credits at the University of Idaho.							
CRN	Subject	Number	Section	Credit	Title	Additional Fees \$	Professor or Dept. Signature
Ex: 12345	ENVS	101	99	3	Intro to College Writing		

**High School:** Signatures confirm that the above-named student satisfies enrollment criteria, such as having a GPA of at least a 2.5, junior standing, or other factors established by the school district, the institution, and the State Board of Education Governing Policies and Procedures. It is understood that it is the high school's responsibility to apply classes toward high school graduation requirements.

Student GPA \_\_\_\_\_  Advanced Opportunities is **School Level Approved** or  Self-Pay, Student Account Office

**\* Counselor Signature** \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT & PARENT PLEASE READ BEFORE SIGNING

- 1) I understand that my Advanced Opportunities funds must be "School Level Approved" in the portal, and/or payment information must be submitted to the Student Account office before I will be registered. I am responsible for paying all fees that are not covered by my Advanced Opportunities funds or scholarships. I have reviewed the [Dual Credit](http://DualCredit.uidaho.edu) website for further fee payment information.
- 2) I understand I will be bound by the policies and procedures of the University of Idaho regarding fees, refunds, and academic regulations, and student conduct.
- 3) I understand that the grades I earn will become part of my permanent college record. If I decide to drop or withdraw from a class, my high school counselor must confirm my request to drop or withdraw by sending a request to the Registrar's Office at [registrar@uidaho.edu](mailto:registrar@uidaho.edu).
- 4) I understand that some courses require the completion of two semesters to earn college credit, a decision not to complete both semesters will require withdrawal. Withdrawing from class(es) will result in my permanent transcript showing withdrawal.
- 5) I understand that no refunds are granted for withdrawals.
- 6) I understand my educational records are protected under FERPA and my personal signature is required to release them by submitting a [Consent to Verbally Release Student Information](#) form.
- 7) I understand how to release my FERPA protected educational records to my parents or adult guardian voluntarily and can contact the university to do so at [registrar@uidaho.edu](mailto:registrar@uidaho.edu).
- 8) I understand that credit transfer is determined by my high school and/or any future college or university and that each university has its transfer policy.
- 9) I understand content of a university course may be more mature in nature (discussions, readings, visual material, etc.) I understand that my behavior and performance will be expected to be comparable to that of a university student in each class.
- 10) Per OSBE policy, "Students under the age of 16 who are enrolled in a secondary school may seek admission to enroll in courses provided on the post-secondary campus by submitting a petition to the high school principal's office and to the admissions office of the post-secondary institution." Counselor and Professor or Department signatures on this form meet this requirement.
- 11) I will verify that I am registered for the correct classes by logging into my VandaWeb at: <http://vandalweb.uidaho.edu>.

**\* Student Signature** \_\_\_\_\_ Date \_\_\_\_\_

**\* Parent Name** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

Parent E-Mail \_\_\_\_\_ Parent Phone Number \_\_\_\_\_ Date \_\_\_\_\_

**ACADEMIC PETITION**

**HOW TO REQUEST PETITION:**

1. Complete petition form with course information and reasons (on reverse).
2. Sign the form and have advisor/college sign.
3. Pay \$10 fee at Student Accounts/Cashiers (BPC).
4. **Return petition form to academic dean's office.**
5. If you are petitioning to register after the deadline, you must complete the process by paying registration fees to the Student Accounts/Cashiers Office if the petition is approved. Approval of the petition does not guarantee admission to any specific course.

NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

***is requesting a petition for the following action and for the reason indicated on the reverse:***

**WITHDRAW** from the semester(s): \_\_\_\_\_

**ADD, DROP, WITHDRAW** from the class(es) below after deadline:

Action Requesting	Semester/Year	CRN	Subject	Number	Section	Credits
<input type="checkbox"/> Withdraw <input type="checkbox"/> Drop <input type="checkbox"/> Add						
<input type="checkbox"/> Withdraw <input type="checkbox"/> Drop <input type="checkbox"/> Add						
<input type="checkbox"/> Withdraw <input type="checkbox"/> Drop <input type="checkbox"/> Add						
<b>Instructor Signature Required to ADD:</b>						

**CHANGE** credits for the following class registration after deadline:

Semester/Year	CRN	Subject	Number	Section	Current Credit	New Credit

**GRADE CORRECTION or INCOMPLETE EXTENSION** from **instructor** for the following class after deadline:

Semester/Year	CRN	Subject	Number	Section	New Grade	Extension Date	Reversion Grade
Instructor Signature Required:							

Waive/substitute requirements for **GRADUATION**: \_\_\_\_\_

Other: \_\_\_\_\_

■ **Student: please briefly describe reason/circumstances for petition on reverse side**

■ **Advisor/College: please provide support/rationale for petition on reverse side**

**COMMITTEE USE ONLY/DO NOT WRITE BELOW LINE**

- Approved Unanimously     Approved Not Unanimously     Denied Unanimously     Denied Not Unanimously

Action Completed By \_\_\_\_\_ Date \_\_\_\_\_

**Student:** please provide a brief explanation of the reason for your petition and sign:

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**STUDENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Advisor/College:** please provide brief support/rationale for student's petition and sign:

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**ADVISOR/COLLEGE SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

STUDENT INFORMATION	
<p>* Full Legal Name: _____  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>_____ Last</span> <span>_____ First</span> <span>_____ Middle</span> </div> </p>	<p>* UI Vandal Number: _____  V _____</p>
<p>* Mailing Address: _____  Street / PO Box _____  City _____ State _____ ZIP _____</p>	<p>* Student E-mail: _____</p> <p>Current Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12</p> <p>* Birth Date: _____ / _____ / _____</p>
<p>* High School Name: _____</p>	<p>* Registration Term: _____  <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____</p>

CLASS REGISTRATION INFORMATION * A non-degree dual credit student may register for no more than 13 credits each semester.							
* CRN <i>Ex: 12345</i>	* Subject <i>ENGL</i>	* Number <i>101</i>	* Section <i>99</i>	* Credits <i>3</i>	* Title <i>Intro to College Writing</i>	Additional Fees	* Instructor or Depart. Signature

**HIGH SCHOOL:** Signatures confirm that the above-named student satisfies enrollment criteria, such as a GPA of at least a 2.5 or other factors established by the school district, the institution, and the State Board of Education Governing Policies and Procedures. It is understood that it is the high school's responsibility to apply classes toward high school graduation requirements.

\* Student GPA \_\_\_\_\_  [Advanced Opportunities](#) is **School Level Approved** or  [Self-Pay: Student Account Office](#)

**X** Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT & PARENT PLEASE READ BEFORE SIGNING:**

- 1) I understand that my Advanced Opportunities (AO) funds must be **"School Level Approved"** in the AO portal. I am responsible for paying all tuition and fees that are not covered by my Advanced Opportunities funds or scholarships. I have reviewed the ["How to Pay"](#) section on the [Dual Credit website](#) for further payment information.
- 2) I understand I will be bound by the policies and procedures of the University of Idaho regarding fees, refunds, deadlines, academic regulations, and student conduct.
- 3) I understand that the grades I earn will become part of my permanent college record. If I decide to drop or withdraw from a class, my high school counselor must confirm my request to drop or withdraw.
- 4) I understand that some courses require the completion of two semesters to earn college credit; a decision not to complete both semesters will require withdrawal. Withdrawing from class(es) will result in my permanent transcript showing withdrawal.
- 5) I understand that no refunds are granted for withdrawals after the drop period.
- 6) I understand my educational records are protected under [FERPA](#) and my personal signature is required to release them by submitting a [Consent to Verbally Release Student Information](#) form to the Registrar's Office at [registrar@uidaho.edu](mailto:registrar@uidaho.edu). I understand that this process is required to release my FERPA protected educational records to my parents or adult guardian.
- 7) By enrolling in the Dual Credit Program, I grant permission to the personnel of the University of Idaho and my current high school to share my academic information including, but not limited to, current and future enrollment status, cumulative grade point average, unofficial academic transcripts, and academic standing while enrolled in the Dual Credit Program at University of Idaho.
- 8) I understand that credit transfer is determined by my high school and/or any future college or university and that each university has its own transfer policy.
- 9) I understand that my high school grade and my University of Idaho final grade may differ from each other, depending on my teacher's and/or high school's grading policies.
- 10) I understand that the content of a university course may be more mature in nature (discussions, readings, visual material, etc.), and that I may be exposed to such material during the course of my studies. I understand that my behavior and performance is expected to be comparable to that of a university student in each class.
- 11) Per Office of the State Board of Education policy, students under the age of 16 who are enrolled in a secondary school may seek admission to enroll in courses provided on the post-secondary campus (online or on a U of I campus) by submitting a petition to the high school and the post-secondary institution. The counselor and instructor or department signatures on this form meet this requirement.

**X** Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**X** Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Parent E-Mail \_\_\_\_\_ Parent Phone Number \_\_\_\_\_ Date \_\_\_\_\_