The University of Arkansas at Fayetteville

Academic Initiatives and Integrity
634 Arkansas Union • Fayetteville, AR 72701 • 479-575-5229

PETITION TO RECEIVE CREDIT FOR UNIVERSITY WORK COMPLETED BY CORRESPONDENCE OR IN RESIDENCE AT ANOTHER UNIVERSITY

Name: _____ Student ID #: _____

THIS FORM, *IN ADDITION TO A COPY OF YOUR UNIVERSITY OF ARKANSAS TRANSCRIPT*, MUST BE RETURNED TO ACADEMIC INITIATIVES AND INTEGRITY, ARKU 634 OR TO HONESTY@UARK.EDU. It is your responsibility to consult with your Academic Advisor to determine if the courses you are seeking to transfer upon your re-enrollment are applicable.

INSTRUCTIONS: Explain why you are requesting permission to receive credit for university work during your period of suspension. Include a list of the course(s) you are requesting to receive credit for and the institution(s) offering the course(s). Attach any related documents that you have to support your stated reasons.

The following written records will be reviewed in conjunction with the consideration of your petition: the record of the Academic Integrity Monitor, the All-University Academic Integrity Board (AUAIB), All-University Conduct Board (AUCB), administrative hearing officer, and any prior appeal decision/s and response/s (if applicable).

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Please sign and return this form to Academic Initiatives and Integrity and it will be forwarded to the Provost/Vice Chancellor for Academic Affairs for consideration.

_____ _____

Student Signature Date

For Office Use Only

Date Received: _____

Time Received: _____

Received By: _____

GPA: _____