

# RUSANGU UNIVERSITY



## STUDENT PETITION FORM FOR APPROVAL BY THE SENATE EXECUTIVE COMMITTEE

(This form is to be submitted in triplicate, authorized by the relevant authorities, and accompanied with all supporting documents)

Name of the Student: \_\_\_\_\_ ID. No. \_\_\_\_\_

Degree Program Enrolled at Present: \_\_\_\_\_ Bulletin: \_\_\_\_\_

School: \_\_\_\_\_ Department: \_\_\_\_\_

Major: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reasons:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supporting Documents Attached:** \_\_\_\_\_

\_\_\_\_\_

**Name of the Student**

**Signature**

**Date**

Our signatures herewith certify that the student and faculty advisor understand the nature of the request and have approved or disapproved the request. As faculty advisors, Chairperson, and Dean we have studied the case and examined the documents attached.

\_\_\_\_\_

**Faculty Adviser -  
Comments:**

**Approved / Not Approved**

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(Name of the Faculty Advisor)

(Signature)

Date

**Head of the Department -**  
**Comments:**

**Approved / Not Approved**

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(Name of the Head of the Department)

(Signature)

Date

**Dean of the School -**  
**Comments:**

**Approved / Not Approved**

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(Name of the Dean)

(Signature)

Date

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**Senate Executive Committee**

**Approved / Not Approved**

**Date**

<b>Date:</b>	<b>Action Number:</b>	<b>Registrar Stamp</b>
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