

**PETITION  
TO  
THE ACADEMIC APPEALS SUBCOMMITTEE  
Salem College**

TERM \_\_\_\_\_

Name \_\_\_\_\_

Class Year \_\_\_\_\_

Major \_\_\_\_\_

CumGPA \_\_\_\_\_

SalemGPA \_\_\_\_\_

This petition is for \_\_\_\_\_ an academic overload (more than 5 courses/credits)  
Total number of courses \_\_\_\_\_

\_\_\_\_\_ an academic underload (less than 3.5 courses/credits)  
Total number of courses \_\_\_\_\_

\_\_\_\_\_ other \_\_\_\_\_  
\_\_\_\_\_

Please explain the basis for your appeal below:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Adviser's Signature

\_\_\_\_\_  
Date