Addis Ababa University
Faculty of Technology
Regular Student Petition Form

Academic Year: _____ Semester _____

1. Name: _____ Dept : _____

    Year: _____ ID No. : _____ Tel. _____

2. Nature of the request :

    ☐ Make Up   ☐ Waiver   ☐ Taking Course in Extension Class

    ☐ Others (Specify) _____

3. Explain your request in detail : _____
   _____
   _____
   _____

4. Evidence (must be attached)

    ☐ Medical   ☐ Others (specify)

   _____

I certify that all the information given here are true and realize that any false
Statement/ information given by me can be used to penalize me.

    Applicant Signature: _____ Date: _____

   For Office Use Only

5. Departmental Recommendation: _____
   _____
   _____

    Department head's Signature: _____ Date: _____

6. The case merits:

    ☐ AC Decision   ☐ Administration decision

7. Decision_____
   _____
   _____

    If AC has made the decision:
    AC Minutes No.: _____ Item No.: _____ Date: _____

8. This document will be put in the student's file
    Associate Dean Signature: _____ Date: _____