Petition to Register for an Additional Class Over Co-Op

ANTIOCH COLLEGE

Office of The Registrar
McGregor Hall 213

Student Name: _____
First Middle Last

Student ID: A00000_____ Phone: _____ Email: _____

Antioch College values and respects the learning that takes place during co-op terms, and actively discourages activities that distract form this endeavor. As such, the number of classes students are allowed to take during co-op terms is restricted. Students may use this form to request the privilege of registering for an additional class over co-op.

Students who do not meet all the flowing criteria may write a letter of petition to The Academic Policy and Review Committee (APRC) requesting an exception. Please submit your letter with a completed copy of this form to the Registrar, who will facilitate your request to the committee.

- Students must have successfully completed one Cooperative Education experience while enrolled at Antioch College, other than COOP 125T; and
- Students must have a GPA of 2.5 or higher; and
- Students must meet all requirements for registration for a class at the institution through which the course is to be taken (includes registration at Antioch College, cross-registration, or registration at a non-affiliated institution):
    a. This includes being able to be physically present for any additional course that requires in-person instruction, in whole or in part
    b. This includes access to the appropriate technology for any additional course that requires on-line instruction, in whole or in part; and
- Students may not register for more than 18 quarter credits in total, including the co-op course; and
- Students may not register for a class which conflicts with the expected work hours of the co-op job in any way.

Term of request: Fall ☐ Winter ☐ Spring ☐ Year: _____

<u>Additional course to be taken:</u>

Course number: _____ Course title: _____

<u>First Co-Op Completed:</u>

Course prefix and number _____ Term and year _____ Grade: _____

Provide a clear rationale as to why the requested class must be taken over the indicated co-op term, and not at some other point:

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Acknowledgement:

I am aware of the additional responsibilities required for taking a class while engaged in full-time employment. I am aware that I must balance these additional responsibilities with those required for the cooperative education experience in which I will be engaged, so that I may be successful in both classes. I am also aware that not being successful in one or both classes may create a need for additional terms of attendance beyond my intended term of graduation.

Student Signature: _____ Date: _____

INSTRUCTIONS

After obtaining the required signatures below, return this petition to the Registrar's Office by the end of the 9th week (Friday, 5:00 pm) of the regular term—Fall, Winter, and Spring—before the term of the intended additional class over co-op. The Registrar will then forward the petition to the APRC for consideration, if necessary. **The decision of the APRC is final.**

Primary Advisor: _____ Date: _____

Co-Op Advisor: _____ Date: _____

FOR OFFICE USE ONLY: APRC Decision: ☐ N/A ☐ APPROVED ☐ DENIED DATE_____