

## Petition for Second Skipped Term

Name of Student:

Date:

AU Program:

Please explain why you need to skip a second consecutive term

Please provide the dates/term that you plan to resume your studies

### Dean/Program Director Only

\_\_\_ The petition is approved for a second consecutive term off.

\_\_\_ The petition is not approved for a second consecutive term off.

\_\_\_\_\_  
Name of Dean/Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean/Program Director

*A Sustainable University for the 21<sup>st</sup> Century*