



PETITION FORM

The purpose of this form is to initiate a review of your records towards account resolution. Your request will be reviewed by the Resolution Team Committee comprised of various members of administrative departments at Goodwin College.

Name

Date

Student ID

Email address

Please describe your issue or concern in the space below. Be as specific as possible by indicating particular semester, year, course, etc. In addition, please list any dates and/or Goodwin College staff members who may have played a role in your situation. Should you have supporting documentation you would like to be considered, please email it to: petition@goodwin.edu, or you may drop off the completed form with documentation to either the Business Office or the Registrar's Office. Please attach a separate sheet if additional space is needed. **Forms that are not completely filled out will be returned and not considered until they are complete.**

What do you feel is a reasonable solution to the situation described above?

Submitting this petition does not guarantee a favorable outcome. Your petition will be reviewed with equity by the Resolution Team Committee. You will receive notification via the email address indicated above within 30 days from the date the form is submitted. An appeal's process is available at the conclusion of the committee's decision. Please refer to the Suggestions and Grievance section of the Goodwin College catalog.