

# PETITION

## Academic Second Opportunity (ASO)

OFFICE OF THE  
UNIVERSITY REGISTRAR

**Instructions:** Student completes Section 1.  
Academic Advisor completes Section 2.  
The College returns the form to the Office of  
the University Registrar, 209 Student  
Services Building by the appropriate  
deadline.

**Please do not submit this form until a minimum of 15  
hours is on the academic record.**

**DEADLINE IS THE SEMESTER PRECEDING  
GRADUATION.**

**YOU ARE ELIGIBLE TO FILE A PETITION IF YOU . . .**

- Returned to UT after an absence of at least three calendar years.
- Have an academic record in your previous attendance that is unsatisfactory (normally less than a 2.0 GPA).
- Have earned at least a 2.5 GPA in at least 15 hours of in-classroom A-F coursework since returning to UT, and it is no later than the term before you plan to graduate.
- Will take at least 30 semester hours of coursework after you return to complete a degree.

PLEASE PRINT CLEARLY or OPEN IN ACROBAT AND TYPE

### SECTION 1 — TO BE COMPLETED BY THE STUDENT

Student ID# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) (\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Is this your first time to petition for ASO?  Yes  No

Intended major \_\_\_\_\_ Expected graduation date \_\_\_\_\_ (term/year)

Define the 3 year absence: Last Term Attended at UTK \_\_\_\_\_ Term Readmitted to UTK \_\_\_\_\_

*Please consider my petition for Academic Second Opportunity. I have met with my academic advisor and understand how my academic record will be affected.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

### SECTION 2 — TO BE COMPLETED BY ACADEMIC ADVISOR

Advisor Name (please print) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ College \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 3 — TO BE COMPLETED BY ASO COMMITTEE CHAIRPERSON

Committee Members: \_\_\_\_\_

Decision:  Approved (Effective Term \_\_\_\_\_)  Hold for an Additional Term  Denied

Signature of Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Notes

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*Original – Office of the Registrar*

**SUBMIT TO: Charlene Ingle Office of the University Registrar, 209 Student Services Building 865-974-1501 cingle@utk.edu**