

Petition for Reconsideration of Class Schedule

Date: [Insert Date]

To: [Department Chair/Advisor's Name]

Department: [Department Name]

University: [University Name]

Dear [Department Chair/Advisor's Name],

I hope this message finds you well. I am writing to formally request a reconsideration of my undergraduate class schedule for the upcoming semester. My name is [Your Name], and I am a [Your Year, e.g., sophomore] majoring in [Your Major]. My student ID number is [Your Student ID].

After reviewing my current schedule, I have concerns regarding [briefly explain your reasons, e.g., conflicts with other classes, work commitments, or personal circumstances]. I believe that adjusting my schedule to accommodate [specific request or class] would greatly enhance my academic performance and overall college experience.

I have done my best to work within the given options but find myself in a challenging situation. [If applicable, mention any steps you have already taken, such as discussing this matter with an advisor or reviewing class availability.].

Your consideration of my request would be greatly appreciated. I am committed to making the most of my education and believe that this change will help me achieve that goal.

Thank you for taking the time to read my petition. I look forward to your understanding and support. Please let me know if you need any further information or would like to meet to discuss this matter.

Respectfully,
[Your Name]
[Your Contact Information]
[Your Major, Year]