

To: Business Acumen Advisory Committee  
c/o Student Services  
226 Thurmond Building  
Winthrop University  
Rock Hill, SC 29733

Date: \_\_\_\_\_

### Business Acumen Petition Form

Student Name: \_\_\_\_\_

Student ID#: W \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Event Details**

Event Name/Title: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date & Time: \_\_\_\_\_

Submission Checklist:  
    Petition Form  
    Proof of Attendance  
    Written Report

**Committee Use Only**

Action: \_\_\_\_\_ Date: \_\_\_\_\_

    Approved  
    Denied

Requirements:

Authorized Signature: \_\_\_\_\_