

## **STUDENT PETITION**

Name:		Student ID	Number:	Date:
PETITION (Check al				
Substitute	Course:			
			mber and Title	
For	:			
		Course Nur	mber and Title	
Pass/Fail O	ption for Course:			
			mber and Title	
Change of	Degree:			
		Current De	gree Program	
To:				
		New Degre	e Program	
Other:				
EXPLANANTION:				
ACTION:	APPROVE	DISAPPROVE	SIGNATURE	COMMENT
Advisor:				
Field Chair:				
Academic Dean:				

PLEASE RETURN COMPLETED FORM TO SEMINARY ACADEMIC SERVICES