



STUDENT PETITION

Name: _____

Student ID Number: _____

Date: _____

Address: _____

PETITION (Check all that apply):

_____ Substitute Course: _____

Course Number and Title

For: _____

Course Number and Title

_____ Pass/Fail Option for Course: _____

Course Number and Title

_____ Other: _____

Student Signature: _____

EXPLANATION:

ACTION:

APPROVE

DISAPPROVE

SIGNATURE

COMMENT

Advisor:

Field Chair:

Academic Services:



NORTH PARK
THEOLOGICAL SEMINARY

PLEASE RETURN COMPLETED FORM TO SEMINARY ACADEMIC SERVICES

3225 West Foster Avenue
Chicago, IL 60625