



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