

ACADEMIC PETITION FORM

Off-Campus Site _____

Semester 1st 2nd Summer School year _____ Date submitted to Advisor _____

Name _____ AU ID # _____
First Middle Last/Surname

Address _____

Phone _____ E-Mail _____

Academic Degree BA BS AS Major _____ Minor _____

Type of Request Substitution of Credits Waiver of Credits Modification of Transfer Credits

Off-Campus Agreement under which I will graduate _____

REQUEST: (Please include course numbers and titles.)

REASON:

Recommended Denied _____ (Registrar) Date _____

Recommended Denied _____ (Dean of School) Date _____

ANDREWS UNIVERSITY ACTION
<input type="checkbox"/> Approved as Recommended <input type="checkbox"/> Approved with Changes <input type="checkbox"/> Denied <input type="checkbox"/> Other (See below)
Comments from Andrews University:
Date _____ Signature of Official _____

Received by Registrar _____ Sent to AU _____ Received from AU _____