

# Andrews University

## ACADEMIC PETITION FORM

(All information must be completed and legible for this to be processed)

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Advisor: \_\_\_\_\_ Bulletin Year: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Degree: \_\_\_\_\_

E-mail: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Anticipated Grad Date: \_\_\_\_\_

<b>Are you?</b>	<b>Yes</b>	<b>No</b>	<b>School</b>	
Undergraduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> College of Arts & Sciences	<input type="checkbox"/> School of Education
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> College of Technology	<input type="checkbox"/> School of Architecture
Acad. Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> School of Business Administration	<input type="checkbox"/> Theological Seminary
Honors	<input type="checkbox"/>	<input type="checkbox"/>		

This petition request is for ☐ Major ☐ Minor ☐ General Education

Reason (1–10) \_\_\_\_\_ If necessary, explain further: (see below)

- |  |   |
|--|---|
| 1. Similar course content                      | 6. Course not offered—Senior year                     |
| 2. Same course—name or number change           | 7. Course taken on PTC Status = degree credit         |
| 3. Transfer credit—equivalent course           | 8. Recommendation by advisor/chair—fits student needs |
| 4. Permission to take course                   | 9. Required course substitution                       |
| 5. Course no longer offered—replacement course | 10. Waiver  |

Request: (The Required Course)

Acronym	Number	Course Name	Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Replace by: (Course Taken)

Acronym	Number	Course Name	Credits	Grade Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Signature _____	Date _____
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Reason (11–12) \_\_\_\_\_ If necessary, explain further (see below):

11. Petition to attend another college—attach a course description of that course.  
 12. Other—explain

Explain:

Student Signature _____	Date _____
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Recommendations:

<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Advisor	Date

<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Department Chair (Major/Minor request only)	Date

APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Dean/Graduate Dean/General Ed Director	Date