



STUDENT PETITION

Name: _____ Student ID Number: _____ Date: _____

Substitute Course: _____
Course Number and Title

For: _____
Course Number and Title

Pass/Fail Option for Course: _____
Course Number and Title

Other: _____

EXPLANATION:

Student Signature: _____

Advisor Signature: _____

PLEASE UPLOAD COMPLETED PETITION TO <https://forms.office.com/r/uhVdEeVZ8B>.



NORTH PARK
THEOLOGICAL SEMINARY

Student will be informed of petition outcome within one week of Academic Cabinet decision.

APPROVE

DISAPPROVE

DATE

Academic Cabinet:

EXPLANATION:

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3225 West Foster Avenue
Chicago, IL 60625