

Home of SAN FRANCISCO THEOLOGICAL SEMINARY

## **Graduate School of Theology**

Petition for Waiver of Academic Regulation

Used to request an exemption from a deadline or regulation where exceptional circumstances make compliance impossible (such exemptions are rarely given). Instructor or advisor support is required for all requests. Complete front and back of form. After the late registration deadline, the Registrar's Office will make changes in your enrollment after you obtain the instructor's signature and pay a \$50 fee. A \$100 fee will be charged for initial registration during the late registration period. No changes are allowed after the 10th week of class.

## \*Incomplete forms will not be processed

	Name (La	ast, Firs	it, M.I.)		Student ID #						Date	•	
LATI	E ADD /	DROP	REQUES	ST	For adding or dropping a course after the deadline. If course is from a prior term, enter that term. Instructor signature required.								e Use
Check one Course information					<u> </u>							Appr	oved?
Add	Drop	Dept/ Alpha	Number	Sect	Credits	Grade Opt	Term (sem/yr)		inal grad		Instructor Signature	Y	N
						LT/PF/AUD							1
						LT/PF/AUD		11					
						LT/PF/AUD		11					
						LT/PF/AUD		11					
Grad	e option	key: L	T = Lette	Grade PF	= Pass/	Fail AUD =	Audit						-
LAT	E CHAN	GE TO	) EXISTI	NG GRADI	E OPTIO	N OR CRED	ITS						
D/A =						ge to grade schem	ge usually for music courses)	Offic					
			Credit	Grade Chang	-							Appr	oved?
D/A	Number	Sect	Change (from/to)	(circle	one)	Term (sem/yr)	Instructor name				Instructor Signature		N
				LT/PF,									
				LT/PF									
				LT/PF									
				LT/PF									
				LT/PF/									
		ı		•		l	l						
IND				Y REQUE	ST	When taking mo	ore than one IDS in	a t	erm.			Offic	e Use
	ana than	one in	a term									Appr	oved?
□ Mo	ore man			1									1
□ Мо	ore man												
□ Мо	ore man	Dept/A	Alpha	Number	Sect	Credits	Term (sem/yr)				Instructor Signature	Y	N
□ Мо	ore man		Alpha	Number	Sect	Credits	Term (sem/yr)				Instructor Signature	Y	N
□ Mo	ore man		lpha	Number	Sect	Credits	Term (sem/yr)				Instructor Signature	Y	N
□ Mo	ore man		Alpha	Number	Sect	Credits	Term (sem/yr)				Instructor Signature	Y	N
		Dept/A		Number SE PRINT				ues	t. Attach e	exp	Instructor Signature		N ce Use
		Dept/A						ues	t. Attach e	exp			ce Use
		Dept/A						ues	t. Attach e	exp		Offic	ce Use
		Dept/A						ues	t. Attach e	exp		Offic	ce Use
		Dept/A						ues	t. Attach c	exp		Offic	ce Use
		Dept/A						ues	t. Attach c	exp		Offic	ce Use
ОТН	IER RE	Dept/A						ues	t. Attach o	exp		Offic	ce Use
Office		Dept/A	T-PLEA					ues	t. Attach 6	exp		Offic	ce Use
Office	IER RE	Dept/A	T-PLEA					ues	t. Attach 6	exp	planation if more space is needed.	Offic	ce Use

STUDENT STATEMENT: What circumstance requires you to make Provide documentation/verification in the case of a medical reason.	this request? Attach additional sheets as necessary.
Note: It is the student's responsibility to know all graduation and program requir	rements per the appropriate catalog
	Student Signature
	Date
INSTRUCTOR RECOMMENDATION (for course-related waivers) ADVISOR RECOMMENDATION (for all other waiver requests) : (E	Emailed support may be attached.)
Name	Signature
	Date
	Date