

Home of San Francisco Theological Seminary

RANCISCO 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

Print Name (Last, First, 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.					Office Use		
Che	Check one Course information										Approved?	
Add	Drop	Dept/ Alpha	Number	Sect	Credits	Grade Opt	Term (sem/yr)	Final grad (prior term		Instructor Signature	Y	N
						LT/PF/AUD						
						LT/PF/AUD						
						LT/PF/AUD						
						LT/PF/AUD						
Grade	e option	key: L	T = Letter	Grade PF	= Pass/	Fail AUD =	Audit					

LAT	E CHAN	GE TO) EXISTIN	NG GRADE	OPTIC	ON OR CREDI	TS			
D/A = Department/Alpha For a						hange to grade scheme or number of credits (credit change usually for music courses)				
	Credit Grade Opt						Approved?			
			Change	Change						
D/A	Number	Sect	(from/to)	(circle o	one)	Term (sem/yr)	Instructor name	Instructor Signature	Y	Ν
				LT/PF/	AUD					
				LT/PF/	AUD					
				LT/PF/	AUD					
				LT/PF/	AUD					
				LT/PF/	AUD					

INDIVIDUA	ALIZED STUD	Y REQUE	ST	When taking more than one IDS in a term.				Office Use	
\Box More than	□ More than one in a term A _I							Approved?	
	Dept/Alpha	Number	Sect	Credits	Term (sem/yr)	Instructor Signature	Y	N	

OTHER REQUEST-PLEASE PRINT LEGIBLY	Specify your request. Attach explanation if more space is needed.	Offic	e Use
		Appr	oved?
		Y	N

Office use only: Dean/Registrar signature:

Date:

Comments:

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