Academic Petition Form

Office of the Registrar

UNIVERSITY OF ST. THOMAS

Student Information

Student ID#: _____ Name: _____

Date: _____ Major: _____

Number hours transferred to UST _____

Number hours earned at UST after current semester _____

Expected date of degree _____

Instructions

Check one or more of the categories below that best describes the purpose for this petition. Attach justification in the form of a letter that explains in detail the nature of this appeal along with a degree plan that shows all work completed and planned toward UST degree. If you are appealing to take off-campus courses, you must attach a completed *Transfer of Credit Approval for Current Students* form with appropriate signatures. Include all supporting documentation. All forms should be submitted to the UST Registrar.

Specific Purpose of Petition

_____ Exception to the 36-hour residency requirement

_____ Acceptance of transfer credit retroactively

_____ Other (Clearly specify purpose within justification statement)

_____

Signature of Student Date

_____

Signature of Advisor Date

Comments

_____

_____

_____

_____

_____

_____

_____

Office Use Only

Signature: _____

Date Processed: _____