CLAREMONT SCHOOL OF THEOLOGY

Academic Petition

Office of the Registrar
1325 N. College Avenue, Claremont, CA 91711 • Ph. (909)447-2502/2503 • Fax (909)447-6242/6241 • cstregistrar@cst.edu

Submit completed form to the Office of the Registrar.

Student Name: ____ Student ID #: ______________

Program: ___________________________________ Advisor: ____________________________

Instructions. Complete this form and attach the following:

- A typed explanation of the policy you wish to petition and your rationale for doing so.
- Any relevant documentation (e.g., letter from a doctor or employer, your research plan, etc.).
- Any relevant forms (e.g., registration forms, add/drop forms, letters, letters received from the relevant CST office).
- A statement from your advisor detailing the reasons why your petition should be approved. (This is required, so be sure to give your advisor sufficient time to produce an appropriate statement of support.)

Student's Signature: ____ Date: ___________

Faculty Member's Signature (if applicable): ______________________________ Date: ___________

Advisor's Signature: ____ Date: ___________

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Office Use Only

Decision on Petition: _____ Approved _____ Denied

CAP Chair's Signature: ____ Date: ___________

Comments:

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Registrar's Office
Received ______________________________
Initials Date

Rev. 8/11