

**NORTHERN CARIBBEAN UNIVERSITY**

A Seventh-day Adventist Institution

**PETITION BLANK**

Class standing at the time of your registration (check one):

 Freshman    Sophomore    Junior    Senior    Special

Programme of Study: \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

**Bulletin:** \_\_\_\_\_  
**# of Credits on Record:** \_\_\_\_\_  
**Cumulative GPA:** \_\_\_\_\_  
**Transfer of Credits:** \_\_\_\_\_  
**Credits in Progress:** \_\_\_\_\_  
**Credits to Complete:** \_\_\_\_\_  
**Major:** \_\_\_\_\_  
**Minor/Emphasis:** \_\_\_\_\_

Request: \_\_\_\_\_

Reason: \_\_\_\_\_

**STUDENT CONTACT INFORMATION**

<b>NAME:</b>	<b>ID#</b>	<b>TEL#:</b>
<b>ADDRESS</b>		<b>EMAIL:</b>

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Recommended	Name	Signature	Date
	Investigated By		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Advisor		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chair		
<input type="checkbox"/> Yes <input type="checkbox"/> No	College Dean		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Related Chair (if necessary)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Registrar/Admissions (if necessary)		

 Yes  No   **Needs Academic Board Action**
 Yes  No   **APPROVED**   Signature: \_\_\_\_\_   Date: \_\_\_\_\_