Soka University of America
Office of the Registrar

ACADEMIC PETITION FORM

NAME: ___________________________  STUDENT ID#: ___________________________

EMAIL: ___________________________  PHONE: ___________________________  BOX #: ___________________________

SPECIFY THE POLICY TO WHICH EXCEPTION IS SOUGHT WITH PAGE NUMBER AND CATALOG YEAR:

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<th>Page No.</th>
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PETITION REQUEST (A precise statement):

________________________________________________________________________

RATIONALE FOR REQUEST: (Include any supportive documents that may assist the committee in the evaluation of your petition.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PETITIONS WILL NOT BE CONSIDERED WITHOUT ALL APPROPRIATE SIGNATURES

STUDENT SIGNATURE: ___________________________  DATE: ___/___/_____

☐ Agree  ☐ Disagree  ADVISOR: ___________________________  ADVISOR SIGNATURE: ___________________________

Print Name

☐ Agree  ☐ Disagree  DEPT CHAIR: ___________________________  DEPT CHAIR SIGNATURE: ___________________________

If Necessary

If Necessary

COMMITTEE DECISION

☐ Your petition is granted.
☐ Your petition is returned for more specific information.
☐ Your petition is denied.

EXPLANATION:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Decision made by:

Chair ASC Committee  ☐
Dean of Faculty  ☐
Registrar  ☐

Date _____/_____/_____

________________________________________________________________________

Signature