



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:

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