



BANGOR THEOLOGICAL SEMINARY ACADEMIC PETITION

Date:
Name:
Address:
Phone:

Explain the exception you are requesting:

State the reason(s) you feel an exception to policy should be made: [continue on reverse if necessary.]

Students Signature: _____

Advisor's Recommendation/Comment:

Advisor's Signature: _____

Recommendation/Comment: <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Academic Dean's Signature: _____

[Please return the signed form to the registrar to be filed in the student's official folder.]