

AUGUSTANA COLLEGE

Student No. _____

Print Name _____

Petition to Committee on Advanced Standing and Degrees

Return completed petition to the Office of the Registrar,
Augustana College, 639-38th St. Rock Island, IL 61201
FAX 309-794-7544

The student is responsible for obtaining all signatures and is advised that no petition will be considered in which required information is not supplied in complete detail. In addition, all appropriate supporting recommendations and signatures must be obtained. The committee will not consider petitions that lack required information and supporting statements and signatures. Forms are due a minimum of three business days before each meeting. The AS&D Committee meets five times per term, please contact the Office of the Registrar for the dates and times each term.

Degree sought: _____ Number of credits earned to date: _____ Date: _____

Major(s): _____ Faculty Advisor(s): _____

Petition: _____

Reasons supporting petition: _____

(Continue on back of form or attach additional documentation if necessary)

Student's Signature (**Required**) _____

College Center Box # _____ Local Address: _____

Recommendation of Adviser: _____

Adviser's Signature (**Required**) _____

Supporting recommendation (when required): _____

Signature of Division Chair, Dept. Chair or Instructor: _____

Action of Committee: _____

By: _____

Date: _____

LAF 8/4/09

For Office Use Only
Notify Student: _____ Approved _____ Denied _____
Recorded on system _____
Additional Notification _____