## SPARTANBURG METHODIST COLLEGE

## **ACADEMIC PETITION**

Student's Name					Date			
Fresh	nman Sophomo	re .	Junior	Senior	S.S. # or ID#			
	•				Se	mester Applicable		
SUBJECT	OF PETITION - (check	appropriate	box)					
	Request for overload (Approval of Advisor, Academic Dean or Registrar) (Additional fee required).							
	Course Title, Index Number							
	Reason							
В.	Request for withdrawal from course (Approval of Advisor, Instructor and Registrar).							
	Course Title and Index Number							
	Reason							
	Grade assigned by instructor (according to college <u>Catalog</u> policy). Form must be submitted to the Registrar							
	for entry on the same day as authorized by instructor.							
0	I plan to make up these hours by							
C.	Request to take transient work (Approval of Registrar). Minimum of C grade required to transfer.  College							
						Favivalant		
					SMC Equivalent			
	Dept/Course # Course Title							
	Dept/Course # Course Title				SMC Equivalent			
D.								
	Request to take Individualized Study (Approval of Academic Dean, Chair, Instructor and Registrar).  Course NameInstructor							
	Course description attached							
E.	Change in grade request (Approval of Instructor and Registrar).							
	Course Name Original Grade							
	Changed Grade							
F.	Reason							
	original degree selection.							
	I request a change of degree program to:							
	Associate in Arts			Bachelor of Arts	Bachelor of Arts (Select two concentrations):			
	Associate in Science			Business	•	minal Justice	English	
	Associate in Criminal J	lustice		History		chology	Religion	
	Associate in Religious			-	-		•	
	Associate in Business	Otadios		Bachelor of Arts in Business Administration (Select one track):  Accounting & Finance Economics & Finance				
	Associate in Fine Arts			•	Marketing & Sales Management & Entrepreneurship			
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G.	Other:							
— — — - Student S								
Academic Dean			Division Ch	Division Chair				
Advisor			Registrar _	Registrar				