SPARTANBURG METHODIST COLLEGE

ACADEMIC PETITION

Student's Name				Date	
				ID#	
Freshman	Sophomore	Junior	Senior	Semester Applicable	
SUBJECT OF PETIT	ΓΙΟΝ - (check approp	riate box)			
Course Title, I	ndex Number			(Additional fee required).	
	ırs above 18:				
Course Title a	for withdrawal from conditional from conditions and lindex Number				
				licy). Form must be submitted to the Registrar for	
entry on the sa	ame day as authorize	d by instructor	г.		
I plan to make	up these hours by $_$				
College Dept/Course #	ECourse	Title		of C grade required to transfer. SMC Equivalent SMC Equivalent	
				SMC Equivalent	
				SMC Equivalent	
D. Request t	to take Individualized	Study (Appro	val of Provost, Divisi	on Chair, Department Chair, Instructor and	
Course Name				Instructor	
Course descrip	otion attached				
E. Other:					
Student Signature				Instructor	
Division Chair				Provost	
Department Chair			—— Registra	ar	
Advisor					