

Northwest Nazarene University  
SPECIAL ACADEMIC PETITION

Name: \_\_\_\_\_  
ID: \_\_\_\_\_  
Major: \_\_\_\_\_  
Class    FR ☐    SO ☐    JR ☐    SR ☐ \_\_\_\_\_

1 STUDENT - Specific Request                      Applicable to: Semester \_\_\_\_\_ Year \_\_\_\_\_

Reason for this request:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
2. INSTRUCTOR - Recommendation                      Approval    YES ☐ NO ☐

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
3. ADVISOR - Recommendation                      Approval    YES ☐ NO ☐

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
4. DEPARTMENT CHAIR - Recommendation                      Approval    YES ☐ NO ☐

Dept. Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
5. REGISTRAR - Recommendation                      Approval    YES ☐ NO ☐

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_