



STUDENT REQUEST FORM

NEW ORLEANS
BAPTIST THEOLOGICAL SEMINARY

NAME _____ DATE _____

E-MAIL ADDRESS _____ NOBTS-ID# _____

MAILING ADDRESS _____ PHONE _____

DEGREE _____ CAMPUS _____

Please check the appropriate box(es):

<input type="checkbox"/>	Change of degree to:	
<input type="checkbox"/>	Withdraw Passing (WP)	_____ Professor's signature
<input type="checkbox"/>	Withdraw Failing (WF)	
<input type="checkbox"/>	Substitute a course:	in place of:
<input type="checkbox"/>	Late final (I)	
<input type="checkbox"/>	Incomplete (I)	
<input type="checkbox"/>	Other:	

NOTE: If this request affects your status as a full-time student, financial aid/ FACTS/ housing may be jeopardized. It is the student's responsibility to consult the catalog and communicate directly with the appropriate office(s) to resolve any concerns.

I acknowledge being aware of this jeopardy: _____ Date: _____
Student's Signature

<u>Course #</u>	<u>Name of Course</u>	<u>Professor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR REQUEST : _____

*****OFFICE USE ONLY*****

STAFF SIGNATURE: _____ REC'D HOW: CALLED MAILED IN WALKED UP FAXED

	GRANTED		NOT GRANTED
--	---------	--	-------------

Academic Advisor Signature

Date