

Date: \_\_\_\_\_

## Mid-America Baptist Theological Seminary Student Request for Administrative Action

Student \_\_\_\_\_ Advisor \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number City State Zip

Academic Program \_\_\_\_\_ Hours Completed \_\_\_\_\_ GPA \_\_\_\_\_

### Type of Request: Please Check the Appropriate Box

- |   |  |
|---|--|
| <input type="checkbox"/> Change of Degree Program (Advisor Signature)   | <input type="checkbox"/> Directed Study (Attach Syllabus)*   |
| <input type="checkbox"/> Undergrad. Student Taking Masters Level Class* | <input type="checkbox"/> Take an Overload (More than 15 hrs) |
| <input type="checkbox"/> Special Request*                               |  |

Student's Detailed Request:

**\*Requires Course Number and Course Title**

---



---



---



---



---



---



---

### Student—Do Not Write Below This Line

Faculty Consulted:

1. Departmental Chairman \_\_\_\_\_ Date \_\_\_\_\_
2. Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_
3. Professor \_\_\_\_\_ Date \_\_\_\_\_
4. Dean-Masters & Undergrad \_\_\_\_\_ Date \_\_\_\_\_

Administrative Recommendation \_\_\_\_\_

---



---

Motion \_\_\_\_\_ Second \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_

Date Student Notified \_\_\_\_\_ Follow-up Comments \_\_\_\_\_