

## University of the Southern Caribbean

## ACADEMIC PETITION FORM EXTENSION CAMPUS

					Noie: U	se one joi	rm per request	
Antigua [ ] Barbados	[]	Guyana [ ]	T	obago []	St. Luci	ia [ ]	South []	
Semester: [ ] 1 <sup>st</sup> [ ] 2 <sup>nd</sup>	[ ] 3 <sup>rd</sup>	School Yea	r:		Date:			
Legal Name (First) Middle		Last			USC ID#			
Telephone:		E-mai	l:					
Academic Degree: [] AA [] AS [] BA [] BBA [] B.Ed [] BS					Bulletin Year:			
Major: Empl			hasis:		Minor:			
Request: [ ] Substitution	of Credits	[ ] Waiver of C	redits	[ ] Application	n of Credits to spe	cified degre	e area [ ] Other	
Supporting Evidence Attached: [ ] Diploma / Certificate [ ] Transcript [ ] Letter					[ ] Other			
REQUEST: (NOTE: USE A	SENTEN	CE AND INCLI	UDE CO	URSE ACRONY	MS, NUMBER:	S AND TIT	TLES)	
REASON: (NOTE: "TO FUL	FILL GRA	IDIIATION RE	OUIREN	MENTS" IS NOT	CANADEOUA	TE REAS	ON)	
READON. ( <u>NOTE</u> . TO TOE	TILL GRA	IDCATION KE	QUIKLI		AN ADEQUA	<u>TE</u> KEASC		
	SECT	ION B – AU	THOR	IZED OFFIC	EERS:			
		EXTE	ENSION	SITE				
[ ] Recommended [ ] Denied				(Site Coordinator) Date				
					_ (one coordinator)			
		MAI	N CAM	PUS				
USC ACTION								
[ ] Approved as Recommende	d [].	Approved with (	Changes	[ ] Denied	[] Other (See	e Below)		
Comments from Registrar/ Asse	ociate Regi	strar:			-			
Date		Signature of C	Official _					
							<u></u>	
Date Received:	e Received: Response Forwarded:							