

# Lutheran School of Theology at Chicago

## Petition for Academic Study Semester or Study Abroad

Name \_\_\_\_\_ Student ID: \_\_\_\_\_ Date \_\_\_\_\_

Degree Program \_\_\_\_\_ Year in Program \_\_\_\_\_

I hereby request permission for: **Academic Study Semester** \_\_\_\_\_  
Semester/Term

\_\_\_\_\_  
Name of Academic Institution / City and State

I hereby request permission for: **Study Abroad** \_\_\_\_\_  
Semester/Term

\_\_\_\_\_  
Name of Academic Institution / Country

The reasons are:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval Signatures:** Yes No Comments:

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

\_\_\_\_\_  
Director of Field Ed \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Financial Aid Office \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Finance Office \_\_\_\_\_  
Date: \_\_\_\_\_

**Action by Director of M.A. Programs:** Approved Denied

Comment: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

**OR**

**Action by Director of M.Div. Program:** Approved Denied

Comment: \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Registrar: \_\_\_\_\_ Date processed: \_\_\_\_\_  
Initial

Copies to \_\_\_\_\_

Lutheran School of Theology at Chicago 1100 E. 55<sup>th</sup> Street Chicago, IL 60615 (773) 256-0700

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