General Petition
Los Angeles Pacific University

LOS ANGELES PACIFIC
UNIVERSITY
Azusa Pacific University System

Name: Student ID#:

Address:

Cell phone: Email: Major:

Request *(Please be specific)*:

Reason for request *(Please be specific and add an additional page if needed.)*:

Student Signature: Date:

Please submit completed form to the Office of the LAPU Registrar. All necessary signatures will be obtained for you.

Ph: 626-268-0402 I Email: registrar@lapu.edu

Signature Section

Academic Dean/Designee: Date:

Approve   Deny
Comments (required):

Financial Services   Date:

Approve   Deny
Comments (required):

Registrar Office Use Only

Approve   Deny   Signed: Date:

Comments:

Logged: