



Seattle Pacific University

Office of the Registrar - Academic Counseling
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Retroactive DTA PETITION

STEP I: STUDENT INFORMATION *(All information is required, except as noted)*

SPU ID or Social Security Number: _____ Quarter/Year of Admission to SPU: _____

Last Name: _____ First: _____ Middle: _____ Former: _____

Address _____
Street Address City State Zip

Email Address: _____ Phone Number: Day () _____ Evening () _____

Student signature ✕ _____ Date: _____

STEP II: SUPPORTING DOCUMENTATION

Petition for the benefits of a Direct Transfer Associate's Degree (DTA) to apply after matriculation to SPU are only reviewed in the following circumstances:

- ☐ Exceptional life circumstances: major medical issues or extreme family situations.
- ☐ Erroneous advising by a staff or faculty member at the college awarding the degree.

The Student is responsible for providing the following information, to be attached:

- ☐ **Student Statement.** The statement must include the instigating circumstances and plan for completion of degree.
- ☐ **Supporting Statement/Documentation.** A letter from the college describing the role the college played in the situation and coursework required to complete the degree. For exceptional life circumstances the student must also include medical information or other documentation confirming the situation.

STEP III: REMAINING DEGREE REQUIREMENTS VERIFICATION *(Must be signed by a graduation advisor at the College)*

Institution: _____ Transfer Degree: _____

Specific classes left to complete transfer associate degree (include course, title and institution):

- 1.
- 2.
- 3.

I have reviewed the student's plan and verify that the classes listed above will complete the student's transfer degree.

Supported by: _____ Date: _____

STEP IV: ACTION TAKEN *(To be completed by your Academic Counselor)*

☐ Granted ☐ Denied

Date: _____

Rationale for Decision:

Petition Committee Representative Signature ✕ _____