



# Seattle Pacific University

Office of the Registrar - Academic Counseling  
3307 Third Avenue West, Suite 113  
Seattle, WA 98119-1922  
(206) 281-2575  
Academiccounseling@spu.edu

## 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 