

# Centenary College of Louisiana

## Financial Petition

Date Submitted \_\_\_\_\_ Campus Box \_\_\_\_\_  
Name \_\_\_\_\_ ID Number \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Major(s) \_\_\_\_\_ Year/Semester Graduating \_\_\_\_\_

**PROCEDURES:** *In order for petition to be considered, students must obtain comments from advisor and all interested parties.  
(Write your petition in consultation with your advisor)*

**ACTION REQUESTED:**

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**REASON:**

**(Be specific, including all documentation or evidence as to why an exception to academic policy should be made on your behalf):**

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**ADVISOR COMMENTS:**

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

Advisor Signature: \_\_\_\_\_

**INTERESTED PARTIES COMMENTS:**

**(Student must take petition to interested parties )**

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**BUSINESS OFFICE COMMENTS:**

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**BUSINESS OFFICE DECISION AND RECOMMENDATION:**

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**Approved**

**Denied**