
I attest that this information is true and accurate. I understand that any falsified information will result in denial of this petition form.

Signature _____ Date _____

NOTE: Failure of the student to familiarize himself/herself with published information regarding deadlines and official College policies is not a valid reason for the submission of a petition.

**IN THE CASE OF PETITION DENIAL, YOU ARE RESPONSIBLE
FOR ALL FINANCIAL OBLIGATIONS TO SAINT LUKE'S
COLLEGE OF HEALTH SCIENCES**