

GRADUATE STUDENT PETITION

Name _____	Date _____
Address _____	Student ID _____
City, State, Zip _____	E-Mail _____
_____	Phone _____
_____	Major & Degree _____

This student petitions the School of Graduate Studies to:

(If this petition involves a specific course, please list the course number and term.)

Reason (be precise): *(You may attach a separate sheet if necessary)*

_____ Instructor Signature	_____ Printed Name	_____ Date	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
_____ Advisor Signature	_____ Printed Name	_____ Date	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
_____ Graduate Director/ Dept Chair	_____ Printed Name	_____ Date	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended

School of Graduate Studies Dean _____ Approved Not Approved Date _____

Comments

A student may appeal a decision of the Dean. The appeal should be directed to the Graduate Committee in accordance with the provisions in the graduate catalog.

NOTE: (Do not use this form if you are requesting changes to a transcript or dropping a course after the deadline. An Administrative Procedures Petition is required. It is available on the Registrar's Office website)

Copies: School of Graduate Studies Dean Registrar Advisor Grad Director Instructor Student