



GRADUATE STUDENT PETITION

Last Name	First Name	Student ID #
Address		Cell Phone
City	State	Zip
Email		Advisor
Program		Anticipated Completion Date

What is your request for special consideration? Please explain in detail the intent of this petition.
Use additional paper if necessary and attach.

Student Signature _____ Date _____

OFFICE USE ONLY

Academic Program Authorization

Program Director <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Signature/Date	Dept. Chairperson <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Signature/Date	Dean <i>(if applicable)</i> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved _____ Signature/Date
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SCHOOL OF EDUCATION ONLY: Send copy of petition to **Field Placement Services**: YES NO

Office of Records & Registration Authorization

Approved Not Approved

Signature, AVP of Academic Affairs or appropriate designee _____

Comments: _____
