



GRADUATE STUDENT PETITION

Last Name

First Name

Student ID #

Address

Cell Phone

City

State

Zip

Advisor

Email

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	Dept. Chairperson <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Dean <i>(if applicable)</i> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
_____	_____	_____
Signature/Date	Signature/Date	Signature/Date

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: _____
