



Graduate Student Petition

GCID: _____ Major: _____ Adviser: _____ GPA _____

Student's Name: _____
Last First Middle

Mailing Address: _____
Street or P.O. Box City State Zip

Email Address _____ Phone Number: _____

1. Request: (include reason) Consult academic adviser and attach additional sheet(s) if necessary.

Student's Signature Date

2. Recommendation: Approval/Disapproval

Comments:

Graduate Coordinator's Signature Date

Recommendation: Approval/Disapproval

Comments:

College/School Dean's Signature Date

Processed by Date

Appeal procedure: Should this petition be disapproved, students have the right to appeal to the Associate Vice President for Academic Affairs.

The student and graduate coordinator will receive a copy of this form after it has been processed. The dean will keep a copy before it is forwarded to the Graduate Admissions Office.