

Fax completed form to:
Director, Off-campus Programs
1-616-471-6158

Name: _____
family name given names

Andrews University I.D.: _____

ANDREWS UNIVERSITY GRADUATE PETITION

School: School of Business Department: Extension

Degree: MBA Concentration: Not applicable Bulletin: _____

Anticipated graduation date: _____

Mailing Address: _____

Phone: _____

E-mail: _____

REQUEST

REASON

Student date

Recommended

Academic Advisor date

Department chair / program director date

Approved

School Dean / graduate program coordinator

*Graduate Dean (if necessary)

date

date

* The graduate Deans signature is needed for any exceptions to minimum standards voted by the Graduate Council, including exceptions to policy for provisional / regular admission (including English language standards), normal course loads, residency, degree candidacy and deadlines, time limitations on degrees, credit transfers, second degrees, updating, grade changes, grade-point average requirements, academic probation, comprehensive examinations, projects / theses / dissertations, applications for graduation deadlines, etc.