

NAME _____
Last First
ID # _____

Andrews University

GRADUATE PETITION

School: _____ Department: _____
Degree: _____ Concentration/Emphasis: _____ Bulletin: _____
Anticipated graduation date: _____
Mailing Address: _____ Phone: _____

REQUEST

REASON

Student Date

Recommended

Academic Advisor Date For MAT only: Content Advisor Date

Department Chair/Program Coordinator Date

Approved

School Dean/Director of Graduate Programs Date

*Graduate Dean (if necessary) Date

* The Graduate Dean's signature is needed for any exceptions to policies voted by the Graduate Council, including exceptions to policies 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, application for graduation deadlines, etc.