Andrews 🕲 University

GRADUATE PETITION

First Name:	Last Name:			ID#:
E-mail:			School:	
Address:			Department:	
City: State	Zip Code		Bulletin Year:	Degree:
Country:			Major Area:	
Telephone:			Concentration:	
				Date:
REQUEST:				
REASON:				
Student Initial:			Date:	
RECOMMENDED: Academic Advisor	Approve	Deny	Date:	*The graduate Dean's signature is needed for <u>any exceptions to</u> <u>minimum standards voted by the</u> <u>Graduate Council,</u> including exceptions
Department Chair	Approve	Deny	Date:	to policies for provisional/regular admission (including English Language standards), normal course loads, residency, degree candidacy and deadlines, time
Dean, College of Education & International Services	Approve	Deny	Date:	limitations on degrees, credit transfers, second degrees, updating, grade changes, grade- point average requirements, academic probation, comprehensive examinations, projects/theses/
Dean, School of Graduate Studies	Approve	Deny	Date:	dissertations, application for graduation deadlines, etc