

GRADUATE PETITION

FirstName: LastName: 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:

Department Chair Approve Deny Date:

Dean, School of Education Approve Deny Date:

Dean, School of Graduate Studies Approve Deny Date:

*The graduate Dean's signature is needed for any exceptions to minimum standards 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