

Name: _____,
Last First

ID: _____

Andrews University

GRADUATE PETITION

College: _____ Department: _____

Degree: _____ Concentration/Emphasis: _____ Bulletin: _____

Anticipated graduation date: _____

Mailing address: _____

Phone: _____

E-mail: _____

REQUEST:

REASON:

Signature: _____
Student

_____ Date

Recommended:

_____ Academic Advisor

_____ Date

_____ For MAT only: Content Advisor

_____ Date

_____ Department Chair/Program Director

_____ Date

Approved:

_____ College Dean

_____ Date

_____ *Graduate Dean

_____ Date

*The Graduate Dean's signature is needed for 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, GPA requirements, academic probation, comprehensive examinations, projects/theses/dissertation, application for graduation deadlines, etc. Revised: 03/20 Original: Records; Copies: Student, Departments, School