

# Petition to the Graduate Dean

**Please submit two copies of this petition; one will be returned.**

Student's name \_\_\_\_\_ Advisor \_\_\_\_\_ Date \_\_\_\_\_

Local Address \_\_\_\_\_ Telephone \_\_\_\_\_

ID Number \_\_\_\_\_ Program \_\_\_\_\_ Email \_\_\_\_\_

Please state concisely the requirement for which you seek an exception. Provide name and contact information for individuals who are involved or would be affected by the decision (advisor, committee members, others). Reference and attach additional documents, if needed.

Please state the reasons for this request:

Student's Signature \_\_\_\_\_

Advisor Name/Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Recommended

Remarks: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Recommended

Remarks: \_\_\_\_\_

Signature of Graduate Dean: \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Recommended

Remarks: \_\_\_\_\_

Coded By: \_\_\_\_\_  
Term Coded: \_\_\_\_\_