

**To be completed by student :**

Name: \_\_\_\_\_ B#: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:**

- Only one request per form.
- Form must be approved and signed by an authorized Graduate School Official.

Please indicate the specifics of your request:

**For Graduate School Use:**

Petition decision:  Approved  Not Approved

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: The Graduate School, Department, Student, Registrar (if applicable)