



PETITION TO THE GRADUATE DEAN

Student's Name _____ Date _____

Local Address _____

Student ID Number _____ Program Name: _____

Email Address _____ Telephone _____

Please concisely state the requirement for which you seek an exception:

Please state the reason for this request:

Student's Signature _____

Signature of Instructor _____ Approved Not Recommended

Remarks _____

Signature of Program Chair _____ Approved Not Recommended

Remarks _____

Signature of Graduate Dean _____ Approved Not Recommended

Remarks _____