

PETITION FOR WAIVER OF GRADUATE PROGRAM REGULATIONS

Revised August 2009

Name: _____ Date: _____
Address: _____ Student ID: _____
City, State, Zip: _____ Telephone: _____
Email: _____ Graduate Program/Major: _____

Are you currently registered at this university? Yes No
If not currently registered, have you ever attended this university? Yes No
If so, what semester and year did you last attend? _____

***NOTE 1: STUDENTS ARE REQUIRED TO SUBMIT A SUPPORT LETTER AND AN UNOFFICIAL TRANSCRIPT ATTACHED TO THIS PETITION.**

Purpose of this petition: _____

Rationale or Justification for this Request as Follows:

Student's Signature **Date**

Chair, Program Director or Graduate Coordinator, please indicate if you support do not support this petition

Signature of Chair, Director or Coordinator **Date**

Name of Chair, Director or Coordinator (print or type) **Extension** **E-mail**

STUDENT-DO NOT WRITE BELOW THIS LINE

Review and Action: Approved Not Approved

Signature: Dean or Appointed Designee, Graduate Division **Date**