

PETITION FOR WAIVER OF GRADUATE PROGRAM REGULATIONS

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.**

***NOTE 2: A SUPPORT LETTER AND AN UNOFFICIAL TRANSCRIPT IS NOT REQUIRED FOR THE PETITION OF LATE GRADUATION APPLICATION.**

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**
(not required for unclassified students)

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**