



UID# _____ Name: _____
Student Number Last First Middle

Local Address: _____
Number and Street City State Zip Code

Major: _____ Degree Objective : _____ Term: _____

| Petition Type | Requested Action |
|--|------------------|
| Transfer of Credit | |
| Extension of Time for Advancement to Candidacy | |
| Waiver of Registration | |
| Plan Change | |
| S/U Grade for Graduate Course Requirement | |
| Change in Mandatory Grading Basis | |
| Unit Deficiency | |
| Unit Deficiency (Graduate Course Requirement) | |
| Application of Units to Concurrent Degree Programs | |
| Partial Completion of Course Sequence | |
| Application of 500 Series Courses to Graduate Requirement | |
| Application of 500 Series Courses to Graduate / Elective Requirement | |

Reason:

Student Signature _____ Date _____

Petitioner: Do Not Write Below This Line

Department Chair or Authorized Faculty Advisor Approval

Graduate Division Action _____

Signature _____

By _____

Date _____

Deputy _____ Date _____