

PETITION FOR SPECIAL CONSIDERATION
Graduate Education

Name _____ Date _____

Address _____ Phone _____

_____ Student ID# _____

Current Academic Program _____

I. I am requesting special consideration for the following specific exception (*describe exception requested and any dates, courses, or timelines that are pertinent*):

II. Reasons that justify requesting this special consideration are as follows:

III. Student's Signature _____ Date _____
If the purpose of this petition is to rejoin your program of study, please skip step IV and continue with step V.

IV. Review by Evaluations Office:

This request meets with university catalog requirements Yes No

This request meets with the State Administrative Code requirements Yes No

Comments: _____

Evaluator's Signature _____ Date _____

V. Routing for Academic Approvals

Adviser Approve Disapprove

Signature _____ Date _____

Coordinator Approve Disapprove

Signature _____ Date _____

Dean Approve Disapprove

Signature _____ Date _____

Graduate Education Approve Disapprove

Signature _____ Date _____