

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 or request an exemption from GS 597 enrollment, 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

Advisor Approve Disapprove

Signature _____ Date _____

Coordinator Approve Disapprove

Signature _____ Date _____

Dean Approve Disapprove

Signature _____ Date _____

Graduate Education Approve Disapprove

Signature _____ Date _____