

Graduate Student Petition

Student Name:					LIN#		
Local Address:				De	partment		
					College:		
Local Phone #:				Fmail	Address:		
	D. F. Control of the						
I respectfully	□ Extension of time to doctoral degree [D1 & D2] □ Registration change: Drop 1 course; add 1 course (Course swap) [D3, D6				Extension of time-to-degree for master's [D1 & D2] Waiver of late fee [D6]		
request (Choose one or	□ Late addition of one or more courses [D3, D6 & D9]				□ Late withdrawal from a course (Course drop) [D6 & D9]		
more from list at right and check all applicable boxes related to your request):	□ Extension of time to remove incomplete [D8]				☐ Tuition-related appeal [D4]		
	☐ Permission to carry an overload [D7]				☐ Waiver of registration in semester of graduation		
	□ Transfer from previous program to new program [D5] □ Readmit to academic program after time away [D10]						
	OTHER [D11] (Describe on right in 50 words or less.):						
Please describe the reason(s) you believe what you request above should be granted. (Accepts approx. 200 words; attach separate page if need more space.) Required Documentation Student submitting							
Student submitting petition or those asked to approve it MUST provide the documentation listed on the right (as indicated by #'s in brackets after each request above).	□ [D4] Instructor provides final date student attended class or participated in course (or confirms student never attended/participated). □ [D5] Both old and new programs agree to program transfer. □ [D6] Student (and/or instructor) explains why request to change registration after the applicable deadline. □ [D7] Student states whether is TA, GA, RA or Undergrad and explains why can't take coursework under existing load limitations. □ [D8] Instructor confirms incomplete is in research or non-research course + supports extension with reason for student delay. □ [D9] Completed and signed Drop/Add form □ [D10] Copy of internally-generated LU transcript showing course marks and cumulative GPA. □ [D11] Documentation supporting the need for OTHER action identified above and confirming the reasons given above						
IMPORTANT: To allow adequate time for members of the SOGS Committee to review this petition before the meeting at which it is to be considered, the Registrar's Office MUST receive your completed petition WITH ALL SIGNATURES BELOW no later than 4:45pm the Thursday before that meeting.							
Student Signature (above)				Date signed			
ADMINISTRATIVE CONSIDERATION: Each person listed below is to review the student's request, any attachments, and the recommendations of those who have considered that request before him or her. If a person signing below is unable to fit his or her comments into the recommendation and signature block or wishes to include more comprehensive comments or information, he or she may prepare that as a separate document and attach it to this form.							
Advis	ser:						
		Name(s)	Email Addr	ess	Date	Recommendation & signature	
Grad Program Direc	tor:						
Glad Plogram Direct	tor.	Name	Email Addr	ess	Date	Recommendation & signature	
_				-			
Department Ch	air:	Name	Email Addr	000	Data	Recommendation & signature	
		INAIIIE		 	Date	Neconinendation & Signature	
Dean's Off	ice:						
		Name	Email Addr	ess	Date	Recommendation & signature	
Registrar Acti	on: APPR	ROVED	DENIED		5.		
					Date	Initials	
Other comments/condit							
(35 words or le							