

Petition for Adjustment of Academic Requirements for the Master's Degree

(TYPE OR PRINT CLEARLY)

_____		_____
Last First Name		RED ID
_____		_____
Street Address Apt#		Degree (e.g., MA, MS, MBA)
_____		_____
City State Zip Code		Major (and concentration/specialization if applicable)
_____		_____
_____		Telephone No.

STUDENT REQUEST

State request and provide explanation/reason for request. For example, if modifying your Official Program of Study indicate course(s) to be added/dropped, specify deadline extension for incomplete(s), list course(s) added to improve GPA on your Official Program of Study, list additional units to replace expired units, and list course repeat(s).

Student Signature Date

DEPARTMENT OR SCHOOL

Approved Denied

Comments

Graduate Adviser (Print Name) Signature of Graduate Adviser Date

DIVISION OF GRADUATE AFFAIRS

Approved Denied

Comments

Graduate Dean/Designee Signature Date