

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:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Recommendation:** *Petitioner: Do Not Write Below This Line*

Approved by \_\_\_\_\_  
 Please print name and title

Signature \_\_\_\_\_

Date \_\_\_\_\_

Graduate Division Action \_\_\_\_\_

By \_\_\_\_\_

Deputy \_\_\_\_\_ Date \_\_\_\_\_