



Return the completed form to the Dean's Office.

Student Name: _____ Student ID #: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

Program: _____ Advisor: _____

Instructions

Complete this form and attach the following:

- A typed explanation of the policy you wish to petition and your rationale for doing so.
- Any relevant documentation (e.g., letter from a doctor or employer, letter from your advisor, your research plan, etc.).
- Any relevant forms (e.g., registration forms, add/drop forms, letters, letters received from the relevant CST office).

Student Signature: _____ Date: _____

Faculty Member's Signature (if applicable): _____ Date: _____

Advisor Signature: _____ Date: _____



Office Use Only

Status of Petition: _____ Approved _____ Denied _____ Pending

Comments:

Dean's Signature _____ Date _____



Received by the Registrar _____ Date _____
Signature