

Petition to the Graduate Committee

Date form picked up:

Date form returned:

Name: _____ SID: _____

Mailing Address: _____

Graduate Program _____ SU e-mail address: _____ @shepherd.edu

Does Petition involve the final 12 hours required for the degree? Yes No

REQUESTS PERMISSION TO:

ADD: CRN: _____ SUBJ: _____ CRS.NO.: _____ SECTION: _____
DROP: CRN: _____ SUBJ: _____ CRS.NO.: _____ SECTION: _____
WITHDRAW _____
LATE FROM: CRN: _____ SUBJ: _____ CRS.NO.: _____ SECTION: _____

A typed explanation **must** accompany this appeal, outlining **specifically** why the procedures found in the Graduate Catalog or Student Handbook were not followed in this matter.

Advisor's Signature: _____ Date: _____ Support Do Not Support

Comments: _____

Instructor's Signature: _____ Date: _____ Support Do Not Support

Comments: _____

Program Coordinator's Signature: _____ Date: _____ Support Do Not Support

Comments: _____

Action by Graduate Committee:

Approved Not Approved Additional Information Requested No Action Taken

Comments: _____

Chair of Graduate Committee's Signature _____ Date _____