



When completed submit this form and any supporting documents to the DST Student Services Center in 336 Flarsheim Hall.

PETITION FORM

NAME: _____ ID NUMBER: _____

ADVISOR: _____ DATE: _____ SEMESTER: _____

PROGRAM: CIVIL CS ECE IT MECH LEVEL: BA BS MS PHD

TO BE COMPLETED BY THE STUDENT:

PETITION REQUEST: (State your request clearly. Please limit each petition form to one request each.)

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JUSTIFICATION: (Thoroughly explain the reason for the request. Attach additional pages and documentation as needed.)

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Student's Signature: _____ Date: _____ () Attachments

TO BE COMPLETED BY THE DEPARTMENT:

INSTRUCTOR OR ADVISOR COMMENTS: (optional)

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Signature: _____ Date: _____

DEPARTMENTAL COMMITTEE DECISION: APPROVED DENIED

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Committee Chair Signature: _____ Date: _____

DISTRIBUTION OF FORM

Sent to: Student By: _____ Date: _____

Office of Registration and Records _____

International Student Affairs Office _____

Other _____ _____