

PETITION FORM -- SCHOOL OF EDUCATION

TO: Associate Dean and Chairman of Curriculum & Degrees Committee

TYPE OF

REQUEST:

___ Time Extension (See Back of Form)

FROM: _____ (Name)

___ Course Substitution

(Address)

___ Other

PHONE(H) _____ STUDENT # 930 _____

(O) _____ E-MAIL _____

DEGREE AND PROGRAM EMPHASIS: _____

I HEREBY REQUEST _____

(Signature) (Date)

RECOMMENDATION OF ADVISOR: ___ Approved ___ Disapproved ___ Other

Comments: _____

(Advisor) (Date)

If request is for a course substitution:

RECOMMENDATION OF FACULTY MEMBER WHO TEACHES THE REQUIRED COURSE:

___ Approved ___ Disapproved ___ Other

Comments: _____

(Instructor of Required Course) (Date)

RECOMMENDATION OF FACULTY MEMBER WHO TEACHES THE COURSE TO BE USED AS THE SUBSTITUTION: ___ Approved ___ Disapproved ___ Other

Comments: _____

(Instructor of Substitute Course) (Date)

ACTION OF ASSOCIATE DEAN: ___ Approved ___ Disapproved ___ Other

Comments: _____

(Associate Dean) (Date)

ACTION OF CURRICULUM AND DEGREES COMMITTEE:

___ Approved ___ Disapproved ___ Other

Comments: _____

(Committee Chair) (Date)

FOR OFFICE USE ONLY Date of Admission: _____ Date of Expiration: _____

Previous Extensions: _____

NOTE: ALL STUDENTS REQUESTING AN EXTENSION OF TIME MUST COMPLETE THIS PART OF THE PETITION:

Use the categories below to develop a history of work completed to date and a timeline that identifies major milestones and an anticipated date for completion of degree requirements. This timeline should be developed in consultation with your advisor.

Total Number of Credit Hours Completed to Date: _____

Courses Remaining to be Taken/Date Scheduled for Completion:

<u>Course</u>	<u>Date Scheduled for Completion</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____

Major Milestones (i.e., Dates of Comps, Dissertation Proposal, etc.):

Anticipated Graduation Date: _____