

GRADUATE STUDENT PETITION

Read and fill in a response for each of the following items. (Failure to do so will result in the petition being returned without review.) The typical time frame for resolution of petitions is six weeks. The student is responsible for submitting a complete petition with the advisor monitoring its progress through the system.

Student's Name: _____ KUID/PSID# _____ Maiden Name: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Current DIV/DEPT: _____ Degree pursued: _____

Last semester enrolled: _____ GPA in program: _____ Hours needed to complete degree: _____

Date the original time limit expires: _____ Initial expected graduation date: _____

Student's Signature: _____

Petition Abstract:

Provide a brief statement of the nature of exactly what you are asking the committee to approve. Indicate course number(s) and title(s) when appropriate.

Petition Rationale:

Describe reason(s) for your request:

Time Line: For graduation extensions, please provide a schedule for completion of program requirements.

Activity/Requirement	Month/Year of Completion
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(attach additional sheet, if necessary)

History of previous petition requests:

Request	Date	Action Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Advisor's Recommendation: Approve _____ Deny _____

Advisor's signature: _____ Date _____

Advisor: Send form to Division/Department Director.

Division/Department Director's Recommendation: (if same as advisor sign in both capacities) Approve _____ Deny _____

Division/Department Director's signature: _____ Date _____

Division/Department Director: Send form to Student Services Office Staff.

Student Services Office Staff

Copy form for student file located in: 450 MUR or MEMT-448 MUR and send original on to: COGSIM chair's mailbox in MUR

Action of COGSIM Approve _____ Deny _____

Graduate Committee authorization: _____ Date _____

After graduate committee recommendation, send form to the School of Music Dean and he/she will proceed as follows:

Approve _____ Deny _____

Dean authorization: _____ Date _____

Action of School of Music Dean:

Send copy of action to: Student
 Student Services or MEMT office as appropriate for student file.