



Petition for Adjustment of Advanced Studies Academic Program

Name: _____ Student ID: _____ Date: _____

Degree Program _____ Year in Program _____

I hereby request permission to:

The reasons are:

Date submitted: _____ Signature: _____

Approval Signatures: Yes No Comments:

Advisor

Instructor

Instructor

Action by Director of Advanced Studies Program Approved Denied

Initials _____ Date _____

Comment by Director of Enrollment Management & Registrar:

Copies to _____ By _____ on _____ Date