



UNIVERSITY of ALASKA ANCHORAGE
Graduate School

GRADUATE ACADEMIC PETITION FORM

Date: _____ Student's Name: _____ Phone #: _____
 UAA ID#: _____ Email: _____ Degree: _____ Program: _____
 Mailing address: _____

[The decision will be mailed to you at this address. A copy will be sent to your department.]

I. I hereby petition for:

Extension of time limit for completion of degree to _____ (Semester/Year)

List date(s) of any previous petitions for same purpose: _____

Approve the following courses, which are past the seven (7) year limit:

Semester/Year	Dept/Course&No.	Title	Credits	Grade

Justification: (Attach additional information)

II. I hereby petition for an exception to the following UAA catalog policy not listed above:

Justification: (Attach additional information)

Signatures (for Approval Only)	Type Name	Date
Advisor:		
Dept. Chair:		
Dean:		
Graduate Dean:		