



# Graduate Academic Petition Form

Please complete this form online before printing. \*Please attach additional sheet if more space is needed.

|                               |         |                               |
|-------------------------------|---------|-------------------------------|
| NAME                          |         | STUDENT ID                    |
| EMAIL                         |         | PHONE NUMBER                  |
| DEGREE (M.S., M.A., PhD etc.) | PROGRAM | CONCENTRATION (if applicable) |

### Course Substitutions

I request approval to substitute the following course(s) for the required catalog degree requirements:

| List Course(s) Taken |                       |              |       |     | List Course(s) Substituted |       |              |
|----------------------|-----------------------|--------------|-------|-----|----------------------------|-------|--------------|
| Semester & Year      | Course Dept. & Number | # of Credits | Grade |     | Course Dept. & Number      | Title | # of Credits |
|                      |                       |              |       | FOR |                            |       |              |
|                      |                       |              |       | FOR |                            |       |              |
|                      |                       |              |       | FOR |                            |       |              |
|                      |                       |              |       | FOR |                            |       |              |

**Justification:**

### Extension of Time Limit for Completion of Degree

I request to extend completion of degree to \_\_\_\_\_ (Semester/Year)  
List date(s) of any previous petitions for same purpose: \_\_\_\_\_

I request approval for the following course(s) that are past the:      7 year limit (Masters)      10 year limit (Doctors)

| Semester & Year | Course Dept. & Number | Title | # of Credits | Grade |
|-----------------|-----------------------|-------|--------------|-------|
|                 |                       |       |              |       |
|                 |                       |       |              |       |
|                 |                       |       |              |       |
|                 |                       |       |              |       |

**Justification:**

### UAA Catalog Policy Exception

I hereby petition for an exception to the following UAA Catalog Policy not listed above:

**Describe:**

**Justification:**

|                                                                       |                       |
|-----------------------------------------------------------------------|-----------------------|
|                                                                       |                       |
| Advisor Signature                                                     | Printed Name and Date |
|                                                                       |                       |
| Department Chair Signature                                            | Printed Name and Date |
|                                                                       |                       |
| College Dean's Signature                                              | Printed Name and Date |
| <b>THIS SECTION WILL BE COMPLETED BY THE GRADUATE SCHOOL</b>          |                       |
| Dr. Helena S. Wisniewski                                              |                       |
| Graduate School Dean's Signature                                      | Printed Name and Date |
| <input type="checkbox"/> Approve <input type="checkbox"/> Disapproved | Notes:                |