



UNIVERSITY of ALASKA ANCHORAGE  
Graduate School

GRADUATE ACADEMIC PETITION FORM

Date:  
UAA ID#:  
Mailing address:

Student's Name:  
Email:

Degree:

Phone #:  
Program:

[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)**

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

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**Justification: (Attach additional information)**

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