

PETITION OF WAIVER OF GRADUATE ADMISSION POLICY

Please fill this form and return it to the Graduate Office.

Student Name		Graduate Program			
Semester of admission	Undergradu	raduate Program			
Mailing Address Address		City	ST	Zip	
Email Address					
I am asking that the following Graduate Ad	mission Policy be waived:				
Specify admission requirement(s) to be waiv	ved:				
Reason for requesting waiver (please be spec	cific):				
Student Signature		Date	e Submitted		
Student: If more space is needed, attach the bottom, please return the entire form to the O Committee at the next scheduled meeting after will be presented to the Graduate Committee f	Office of Graduate Studies for your completed petition is re	processing. Yo	ur petition will	go before the Graduate	
I have reviewed the file and ☐ approve ☐ program.	do not approve the waiver	of the above a	dmission crite	ria for the Graduate	
Department Chair		Date	e		
I have reviewed the file and ☐ approve ☐ program.	do not approve the waiver	of the above a	dmission crite	ria for the Graduate	
Dean		Date	<u> </u>		

The Graduate Committee has reviewed the file and \sqcup approves criteria for the Graduate program.	☐ does not approve the waiver of the	above admission
Graduate Committee Chair	Date	
I have reviewed the waiver of the above admission criteria for the	e Graduate program.	
Director of Graduate Studies		