



PETITION FOR WAIVER OF GRADUATE POLICY

Please Type or Print. One working copy of an up-to-date transcript must accompany this petition.
Please fill out page one of this form and return the entire form to the Graduate Office.

Student Name Student ID # Graduate Catalog Year

Address City/State Zip Code
Email Address _____ (necessary for notification)

I am asking the Graduate Committee of Montana State University Billings for permission to waive the following Graduate Policy:

- a) Specific Policy as stated in the Graduate Catalog: _____

- b) Consideration requested: _____

- c) Reasons for circumstances necessitating consideration: _____

Signature of Student _____ Date Submitted: _____

Student: If more space is needed, attach necessary sheets. After filling in all the above information please return the entire form to the Office of Graduate Studies for processing. You will be notified via email when your petition will be presented to the Graduate Committee for consideration.

Advisor Comments: _____

Approved Denied _____
Advisor Date

Department Chair Comments: _____

Approved Denied _____
Department Chair Date

College Dean Comments: _____

Approved Denied _____
Dean Date

Graduate Committee Comments: _____

Approved Denied _____
Graduate Committee Chair Date

Graduate Committee Decision

One Time Extension of six year time limit granted until: _____
Semester Year

Waive undergraduate GPA: _____
Required classes to be taken by student within the first 15 credits achieving 3.25 gpa or better

Waive admission test requirement: _____
Options

Other (Please Explain): _____

Date