

# Worcester Polytechnic Institute

Office of the Registrar

## Graduate Student Petition Form

**Instructions:**

- 1) Complete Parts I and II.
- 2) Take this petition to your Faculty Advisor for his/her counsel.
- 3) All signatures are required in order to submit the petition.
- 4) Submit the completed form to the Registrar's Office

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**Part I Please Print:**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Class: \_\_\_\_\_ Major: \_\_\_\_\_

WPI Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

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**Part II Please Print:**

**Reason for Petition**

Please provide a clear and detailed explanation. If you need extra room, feel free to attach another sheet of paper.

I request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State your reason for this petition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part III:**

**Recommended Action**

Instructor:            **Approved**        **Disapproved**    **Comments** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor:                **Approved**        **Disapproved**    **Comments** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head:            **Approved**        **Disapproved**    **Comments** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:             **Approved**        **Disapproved**    **Comments** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed form to the Office of the Registrar  
508-831-5211 (tel) 508-831-5931 (fax)

100 Institute Road, Worcester MA 01609-2280  
wpi.edu/+registrar

dr:1/28/20