



Office of the Registrar
100 Institute Road, Worcester, MA 01609
Ph: (508)-831-5211
Fax: (508)-831-5931

Graduate 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

Part I Please Print:

Name: _____ Student ID: _____

Class: _____ Major: _____

Local Address: _____
 Street

 City State Zip

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: _____

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: _____