



GRADUATE SCHOOL OF HUMAN SCIENCES  
ASSUMPTION UNIVERSITY  
**PETITION**

- |            |                                 |
|------------|---------------------------------|
| Serial No. | .....                           |
| Program    | <input type="checkbox"/> PhDEL  |
|            | <input type="checkbox"/> PhDPR  |
|            | <input type="checkbox"/> PhDCP  |
|            | <input type="checkbox"/> PhDELt |
|            | <input type="checkbox"/> MEdCI  |
|            | <input type="checkbox"/> MEdEA  |
|            | <input type="checkbox"/> MAPR   |
|            | <input type="checkbox"/> MSCP   |
|            | <input type="checkbox"/> MAELT  |

**INSTRUCTIONS: Complete your request clearly**

This petition may be used to request several actions by the Graduate School of Human Sciences. A separate petition is required for each request and covers only the specific request you are making.

Mr.       Ms.       Mrs.      Admission I.D. \_\_\_\_\_

NAME: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

State your specific request and outline all pertinent facts and details to support your request. Attach additional sheets if necessary.

**REQUEST FOR:**

- |  |  |  |                                       |                                |
|--|--|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Course Adding | <input type="checkbox"/> Course Withdrawal | <input type="checkbox"/> Course Change | <input type="checkbox"/> Make-Up Exam | <input type="checkbox"/> Audit |
|--|--|--|---------------------------------------|--------------------------------|

# Subject: \_\_\_\_\_

# Instructor's Name: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Maintain Student Status | <input type="checkbox"/> Change Program        | <input type="checkbox"/> Transfer Credit(s) |
| <input type="checkbox"/> Leave Class             | <input type="checkbox"/> Late Class Attendance | <input type="checkbox"/> Other _____        |

Details of Request: \_\_\_\_\_

\_\_\_\_\_

Reason(s): \_\_\_\_\_

\_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_/\_\_/\_\_

<b>Program Director's comments/approval</b> _____ _____ Signature _____ Date __/__/__	<b>Advisor's comments/approval</b> _____ _____ Signature _____ Date __/__/__
<b>Dean's comments/approval</b> _____ _____ Signature _____ Date __/__/__	<b>Student's acknowledgement</b> Fine/fee receipt No. _____ Amount due _____ Signature _____ Date __/__/__

<b>Please fill out this part</b> Admission I.D. _____ Program: _____ <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. _____ Request for _____ Submission Date __/__/__	<b>For Office Use Only</b> Serial No. _____ <b>Please contact the Graduate School of Human Sciences on</b> _____ _____ Staff signature _____ Date __/__/__
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