



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 __/__/__

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

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