

Graduate Studies, Stratton Administration Center P.O. Box 730 · Kutztown, PA 19530 · (610) 683-4220

## **REQUEST FOR PETITION TO THE GRADUATE EXCEPTIONS COMMITTEE**

## **INSTRUCTIONS**:

Please complete the form as fully as possible. Clearly explain the reason for the request, any action steps already completed, and plans for future actions in support of the desired outcome. This is not the form for time extensions or grade appeals.

STUDENT DETAILS:		4
Name:	Student ID:	Phone:
Graduate Program:		
Expected Graduation Term:	Expected Graduation	Vear:
My Request:		
Reason for This Request:		
By signing this statement, $I$ (the student) certify that the	above furnished information is true an	d valid.
Signature of student making this petition:		Date:
Advisor:Comments:		Date:
Chairperson:		Date:
Comments		
College Dean:		Date:
Comments		
Dean of Graduate Studies:		Date:
Comments		