Name:_____ ID:_____
last first

Andrews University

GRADUATE PETITION

School: _____ Department:_____
Degree: _____ Concentration/Emphasis: _____ Bulletin: _____
Anticipated graduation date: _____
Mailing Address: _____ Phone: _____
_____
_____

REQUEST:

REASON:

_____ _____
Student Date

Recommended:

_____ _____ _____ _____
Academic Adviser Date For MAT only: Content Adviser Date

_____ _____
Department chair/Program director Date

Approved:

_____ _____
School Dean Date

_____ _____
*Graduate Dean Date

*The Graduate Dean's signature is needed for exceptions to minimum standards voted by the Graduate Council, including exceptions to policies for provisional/regular admission (including English language standards), normal course loads, residency, degree candidacy and deadlines, time limitations on degrees, GPA requirements, academic probation, comprehensive examinations, projects /theses/dissertation, application for graduation deadlines, etc. Revised: 10/00 Original: Records-, Copies: Student, Departments, School