

PETITION FOR SPECIAL CONSIDERATION

Research and Graduate Programs

Name _____ Date _____

Address _____ Telephone () _____

Student I.D.# _____ - _____

Current Academic Program _____

I. I am requesting special consideration for the following specific exception (*Describe exception requested and any dates, courses, or timelines that are pertinent*):

II. Reasons that justify this special consideration are as follows:

III. _____
Student's Signature _____ *Date* _____

IV. Review by Evaluations Office:

This request meets with University catalog requirements _____ Yes _____ No
This request meets with State Administrative Code requirements _____ Yes _____ No

Comments: _____

Evaluator's signature _____ *Date* _____

V. Routing for Academic Approvals

Adviser	_____	Approve	_____	Disapprove	_____	_____
					<i>Signature</i>	<i>Date</i>
Coord	_____	Approve	_____	Disapprove	_____	_____
					<i>Signature</i>	<i>Date</i>
Dean	_____	Approve	_____	Disapprove	_____	_____
					<i>Signature</i>	<i>Date</i>
GS&R	_____	Approve	_____	Disapprove	_____	_____
					<i>Signature</i>	<i>Date</i>