



Enrollment Services Graduation Petition

Please print clearly

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Name: Last, Middle Initial, First	Student ID Number
Email	Phone
Degree Anticipated	Graduation Date

****This petition must be attached to your graduation application****

What changes in degree requirements are you requesting?

Explain why this change should be approved (attach additional pages if needed).

Student Signature: X	Date
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For Office Use Only

Petition: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	
Registrar's Signature:	Date:
Comments:	