

Petition to the Graduate Council

Obtain faculty recommendations and file this petition with the UW-Superior Office of Graduate Studies, Swenson Hall 2024, PO Box 2000, Superior, WI 54880-4500
Voice: (715) 394-8296 Fax: (715) 394-8146



Date:	SID:	Term of Last Attendance <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer (Yr) _____	Expected Term of Graduation <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer (Yr) _____
Name			
Present Address:		Area Code and Phone:	
Degree Program:	<input type="checkbox"/> MA <input type="checkbox"/> MSE <input type="checkbox"/> EdAd EdS	Major, Curriculum:	Credits earned to date:
			Overall Grade Point Average:

Please type or print concisely the policy, action and rationale of your petition: 1) the university policy for which an exception is sought; 2) the action you request; and 3) the rationale supporting your petition. In defining the action, please be sure to specify the course number, title, number or credits, and academic term for all courses being petitioned.

Policy:

Action:

Rationale:

_____ *Student's Signature and Date*

Instructor Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> No Comment _____ <i>Instructor signature and date</i>	Advisor Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> No Comment _____ <i>Advisor signature and date</i>	Department Chair Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> No Comment _____ <i>Department Chair signature and date</i>
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Additional comments by any signatory:

Action of the Graduate Council

Meeting Date _____

Petition approved
 Petition denied
 Other _____

Chair, Graduate Council/Faculty _____ Date _____ Graduate Dean _____ Date _____