Petition to the Graduate Council

Obtain faculty recommendations and file this petition with the UW-Superior Office of Graduate Studies, Swenson Hall 3061, PO Box 2000, Superior, WI 54880-4500
Voice: (715) 394-8295 Fax: (715) 394-8371

Date:	SID:	Term of Last Attendance ☐ Fall ☐ Spring ☐ Summer (Yr)_____	Expected Term of Graduation ☐ Fall ☐ Spring ☐ Summer (Yr)_____
Name			
Present Address:		Area Code and Phone:	
Degree Program: ☐ MA ☐ MSE ☐ 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:	**Advisor** Recommendation:	**Department Chair** Recommendation:
☐ Approve ☐ Deny ☐ No Comment	☐ Approve ☐ Deny ☐ No Comment	☐ Approve ☐ Deny ☐ No Comment
_____ *Instructor signature and date*	_____ *Advisor signature and date*	_____ *Department Chair signature and date*

Additional comments by any signatory:

_____

Action of the Graduate Council

☐ **Petition approved**
☐ **Petition denied**
☐ **Other**_____

_____
Meeting Date

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