

PETITION FOR SPECIAL CONSIDERATION

Research and Graduate Programs

Name _____ Date _____

Address _____ Phone _____

_____ Student ID# _____

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 requesting 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 _____

Signature _____ Date _____

Coordinator _____ Approve _____ Disapprove _____

Signature _____ Date _____

Dean _____ Approve _____ Disapprove _____

Signature _____ Date _____

R & GP _____ Approve _____ Disapprove _____

Signature _____ Date _____