



Western Oregon
UNIVERSITY

GRADUATE STUDENT GENERAL PETITION

V Number: _____ Degree Program: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____ Phone: _____ Cell Home Work

I hereby petition the Graduate Studies Committee for an exception to:

State your reason (additional pages may be submitted):

By typing your name below, you agree that this is valid as your signature:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Advisor's Recommendations:

For Official Use Only

Action taken by the Graduate Office: Approved Denied Conditionally Approved

Director of Graduate Programs: _____ Date: _____

Comments: _____