Nazareth COLLEGE

Graduate Student Petition Form

Student Information

Last Name First Name Middle Student ID #

Address Home Phone

City State Zip Work Phone

Email Cell Phone

Program Anticipated Completion Date Advisor

What is your request for special consideration? Please explain in detail the intent of this petition.
Use additional paper if necessary and attach.

Student Signature Date

OFFICE USE ONLY

Academic Program Authorization

Program Director	Advisor	Dept. Chairperson *(if applicable)*
☐Approved ☐Not Approved	☐Approved ☐Not Approved	☐Approved ☐Not Approved
Signature/Date	Signature/Date	Signature/Date

Office of Graduate Student Services Authorization

☐ Approved ☐ Not Approved

Signature, Interim Assistant to the VP Academic Affairs or appropriate designee

Comments: