

Graduate Academic Petition

___ Check this box if student is graduating this semester.

The Graduate Academic Petition form should be completed and all copies of supporting materials submitted to the College Dean of your graduate program for review by the appropriate college committee. No action can be taken on this petition until it is completed in its entirety. (This form should not be used for suspension appeals. Use the "Academic Suspension Appeal" form.) A separate Graduate Academic Petition form must be completed for each course in question. While enrolled and prior to graduating, students may utilize the Graduate Petition process to appeal a grade, provided the petition is submitted within three years of the semester the course ended. After graduating, only the final semester's grades can be appealed (within six months of the graduation date).

Date _____

I. Identifying Information

Name _____ Student ID number _____

Local address _____ City _____ State _____ Zip code _____

Telephones: Cell (_____) _____ Home (_____) _____

Major _____ Student's Catalog Year _____ (e.g. 2012/2013)

CCU Email _____

Student's signature _____

II. Petition Information

Reason for and justification of petition: State your case clearly and in detail; attach a separate sheet indicating your reason and justification for petition. **Attach a copy of your transcript, including transfer record.**

Semester/year in question _____ Dept. _____ Course number (if applicable) _____ Section _____

Verification that petition has been reviewed with the student.

Signature of Graduate Program Director _____ Date _____

III. Faculty/Staff Statement

 Attach a statement for recommending or not recommending this petition. Use a separate sheet of paper if needed.

___ Recommend ___ Not recommend Explanation _____

Signature of student's adviser (if applicable) _____ Date _____

___ Recommend ___ Not recommend Explanation _____

Signature of course instructor (if applicable) _____ Date _____

___ Recommend ___ Not recommend Explanation _____

Signature of course department chair (if applicable) _____ Date _____

___ Recommend ___ Not recommend Explanation _____

Signature of Graduate Program Director (**required**) _____ Date _____

IV. Action

• **College Graduate Committee Action** _____ Approved _____ Disapproved

(Specify change clearly) _____

Signature of chairperson _____ Date _____

• **College of Program Dean/ Designee Action** _____ Approved _____ Disapproved

(Specify change clearly) _____

Signature of dean/director _____ Date _____

• **Dean of Graduate Studies and Research Action** _____ Approved _____ Disapproved

(Specify change clearly) _____

Signature of Graduate Council Chair or designee _____ Date _____

• **Provost Action** _____ Approved _____ Disapproved

(Specify change clearly) _____

Signature of Provost or designee _____ Date _____

OFFICE USE ONLY: Entry by _____ Date _____ Verified by _____ Date _____