

GRADUATE STUDENT PETITION FORM WASHINGTON STATE UNIVERSITY

1. Fill out this petition form completely and accurately. Return completed form to the Graduate School.
2. Contact your department directly for the final decision of your petition which will be recorded on this form.

Name <i>(Last, First MI)</i>	I.D. Number
E-Mail Address	Phone ()

Campus: Pullman Tri-Cities Vancouver Spokane DDP Department:

<input type="checkbox"/>	Check here if you are WSU faculty or staff
<input type="checkbox"/>	Check here if you have a Graduate Assistantship (If on an assistantship, you can not DROP courses below 10 credits.)
<input type="checkbox"/>	Check here if you are an International Student (If yes, you will need OISS approval.)

Please check the appropriate box: *(Requires Instructor/Advisor and Department Chair Approval)*

<input type="checkbox"/>	Add Course(s)	
<input type="checkbox"/>	Drop Course(s) -- (normal drop deadline is the 30th day of the semester) ¹	
<input type="checkbox"/>	Withdraw from Course(s) --(normal withdrawal period is from the 31st day through the 9th week) ¹	
Cancellation of Enrollment If you want/need to withdraw from <i>all</i> your classes for the current term, go to: http://www.cancel.wsu.edu and personally cancel your enrollment.		
<input type="checkbox"/>	My cancellation of enrollment has been processed and I am now petitioning for the following (please explain):	
<input type="checkbox"/>	Add Audit Course	<input type="checkbox"/> Change Letter Grade to Audit
<input type="checkbox"/>	Change Letter Grade to Pass/Fail Grade	<input type="checkbox"/> Change Pass/Fail Grade to Letter Grade
<input type="checkbox"/>	Waive \$25 Late Registration Fee	
<input type="checkbox"/>	Other (please explain)	

¹ For information about dropping and withdrawing from courses, see Academic Regulations 67-69 in the WSU Catalog (<http://catalog.wsu.edu/Catalog/Apps/AcadRegs.ASP>).

Please check the appropriate boxes and list the specific course information:

<input type="checkbox"/> Fall of _____ (year)	<input type="checkbox"/> Spring of _____ (year)	<input type="checkbox"/> Summer of _____ (year)
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Add Drop

		Course Prefix and Number		Section Number		Amt of Credits	
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

Please continue request on the back of this form.

REASONS: Please describe the reasons for your request. If more space is needed, attach additional comments.
 Allow 10 business days for your request to be processed. To check the status of your request, please refer to **myWSU** or consult your department.

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<i>Student Signature</i>	<i>Date</i>
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<i>Advisor Name (Print)</i>	<i>Advisor Signature</i>	<i>Date</i>
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<i>Instructor Name (Print)</i>	<i>Instructor Signature</i>	<i>Date</i>
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<i>Instructor Name (Print)</i>	<i>Instructor Signature</i>	<i>Date</i>
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<i>Instructor Name (Print)</i>	<i>Instructor Signature</i>	<i>Date</i>
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<i>Instructor Name (Print)</i>	<i>Instructor Signature</i>	<i>Date</i>
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<i>Department Chair Name (Print)</i>	<i>Department Chair Signature</i>	<i>Date</i>
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<i>International Programs (If applicable)</i>	<i>Date</i>
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For official use only -- do not write in the space below.

<i>Comments/Dean of the Graduate School:</i>
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Final decision:	DENY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	DATE:
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<i>Dean of Graduate School Signature:</i>
