

DEANSHIP OF GRADUATE STUDIES

This form is to be filled by the student's advisor / course instructor

ACADEMIC PETITION

STUDENT'S NAME: _____ ID #: _____

DEPARTMENT: _____ DATE: _____

EMAIL ID: _____ MOBILE: _____

Requested Academic Action:

Justification:

Advisor /Course Instructor

Department Chairman

Dean of Graduate Studies

ORIGINAL : To the Office of Registrar for appropriate action
COPY : To Student's file