

Petition Form

Western Illinois University
School of Graduate Studies

Date: _____

WIU ID No.: _____

(For security purposes do not enter Social Security number)

Name: _____

Field of Study: _____

Give full reason(s) for request: *(If petition is to be presented to the Graduate Council, student must provide rationale and documentation to support appeal.)*

Signed: _____

Email address: _____

Current address:

Home address:

Note: If petition is a request to change an F grade back to an I, an **extension date** must be indicated within the request. The course instructor must also sign.

Instructor: _____

STUDENTS: DO NOT WRITE BELOW THIS LINE

RECOMMENDATION

SIGNATURES

Adviser's recommendation: ___ Approve ___ Deny Adviser/date _____

Note: _____

Graduate Committee action: ___ Approve ___ Deny Member/date _____

Note: _____ Chairperson/date _____

(If petition is to be presented to the Graduate Council, department must provide rationale for recommendation.)

Final action by Graduate School: ___ Approve ___ Deny Signature/Date _____

Note: _____



Western Illinois University
School of Graduate Studies
1 University Circle
Macomb, IL USA 61455-1390
Phone: 309.298.1806; Fax: 309.298.2345

WESTERN ILLINOIS UNIVERSITY
Email: Grad-Office@wiu.edu
www.wiu.edu/grad

Form will not be processed without signatures