

Graduate Council Petition Form

Western Illinois University School of Graduate Studies

Form will not be processed without signatures and rationale.

Date:

Name:

WIU ID No:

Graduate program:

Select **ONE** from the list below:

- ☐ Hold an assistantship with less than 3.0 graduate GPA
- ☐ Hold an assistantship as a probationary student
- ☐ Late total university withdrawal (indicate semester)
- ☐ Waiver of 6-hour C rule
- ☐ Accept more than 6 hrs of transfer credit
- ☐ Other (please be specific in rationale below)

**Give full reason(s) for request. Student must provide rationale and documentation to support appeal.
Additional documentation may be attached to this form.**

Student's signature:

Email Address:

Current address:

Home address:

Students: Do Not Write Below This Line

Give full reason(s) for department/program recommendation. Additional documentation may be attached to this form.

Recommendation

Graduate/Advisor: Approve Deny
Department Chair: Approve Deny

Signatures

Signature: _____ Date: _____
(Should be someone other than department chairperson)

Signature: _____ Date: _____



Western Illinois University

School of Graduate Studies

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Graduate School: Approve Deny

Note (if any): _____

Signature/date: _____