| Petition Form | **Western Illinois University** School of Graduate Studies |
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| Date:  Name:  WIU ID No:  Graduate program: | Select one from the list below:  □ Degree plan – change □ Grade replacement □ Hold an assistantship with less than 3.0 graduate GPA  □ Hold an assistantship as a probationary student □ Late total university withdrawal (indicate semester) □ Remove from probationary status □ Request to change grade back to an I □ Waiver of 6-hour C rule  □ Other (please be specific in rationale below) |
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**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. Additional documentation may be attached to this form.**

| **Note:** If petition is a request to change an F grade back to an incomplete, an extension date must be indicated within the request. The course instructor must also sign.  Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address:  Current address:  Home address: |
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| Students: Do Not Write Below This Line |
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| **Give full reason(s) for department/program recommendation: If petition is to be presented to the Graduate Council, department must provide rationale for recommendation. Additional documentation may be attached to this form.**   |  | | --- | |  | |

| **Recommendation** | | | **Signatures** |
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| Graduate Committee action: | \_\_\_Approve | \_\_\_Deny | Member/date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Should be someone other than department chairperson) |
| Department Chair recommendation: | \_\_\_Approve | \_\_\_Deny | Chairperson/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  | **Western Illinois University School of Graduate Studies** 1 University Circle Macomb, IL USA 61455-1390 Phone (309)298-1806 [www.wiu.edu/grad](file:///\\samba.wiu.edu\files\Forms\Word\www.wiu.edu\grad); Email: [Grad-Office@wiu.edu](mailto:Grad-Office@wiu.edu)  10-23-23 | Final action by Graduate School: \_\_\_Approve \_\_\_Deny  Note (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Form will not be processed without signatures.**