| 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.**

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **WIU logo** | **Western Illinois UniversitySchool of Graduate Studies**1 University CircleMacomb, IL USA 61455-1390Phone (309)298-1806; Fax (309)298-2345[www.wiu.edu/grad](file:///%5C%5Csamba.wiu.edu%5Cfiles%5CForms%5CWord%5Cwww.wiu.edu%5Cgrad); Email: Grad-Office@wiu.edu7-29-15 | Final action by Graduate School: \_\_\_Approve \_\_\_DenyNote (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**Form will not be processed without signatures.**