Submit completed form to the Office of the Registrar.

Student Name: ________________________________________ Student ID #: ______________
Program: ____________________________________________ Advisor: ________________________

Instructions. Complete this form and attach the following:

- A typed explanation of the policy you wish to petition and your rationale for doing so.
- Any relevant documentation (e.g., letter from a doctor or employer, your research plan, etc.).
- Any relevant forms (e.g., registration forms, add/drop forms, letters, letters received from the relevant CST office).
- A statement from your advisor detailing the reasons why your petition should be approved. (This is required, so be sure to give your advisor sufficient time to produce an appropriate statement of support.)

Student’s Signature: __________________________ Date: __________
Faculty Member’s Signature (if applicable): __________________________ Date: __________
Advisor’s Signature: __________________________ Date: __________

Office Use Only

Decision on Petition: _____ Approved _____ Denied

CAP Chair’s Signature: __________________________ Date: __________
Comments:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Registrar’s Office
Received __________________________
                                      Initials Date