

UNIVERSITY OF MINNESOTA
Graduate School

Petition

I.D. No. _____

Is this petition in response to a graduation balance letter? Yes No

Are you petitioning for a time extension? Yes No

Degree Sought

Major

Minor (if declared)

Daytime Phone

E-mail Address

Last Name First Middle or Former

Street

City State Zip Code

Give brief but clear reasons for your request.

Identify courses by DEPARTMENT, COURSE NUMBER, TITLE, NUMBER OF CREDITS, GRADE, TERM and YEAR

Advisor's Signature Date

Co-Advisor's Signature (if applicable) Date

Signature, Director of Graduate Studies Major Field Date

Signature, Director of Graduate Studies Minor Field (if applicable) Date

Comments _____

Graduate School Use Only

Comments: _____

Approve Disapprove _____
Signature Date