GRADUATE STUDENT PETITION FORM

(REV. 4/21/16)

UAF — UNIVERSITY OF ALASKA FAIRBANKS
GRADUATE SCHOOL

* Please attach additional sheet if more space is needed.

NAME	STUDENT ID
EMAIL	TELEPHONE NUMBER
DEGREE *(PhD., M.S., M.A., M.Ed., etc.)*	MAJOR *(English, Physics, Geology, etc.)*

COURSE SUBSTITUTIONS

☐ I request approval to substitute the following course(s) for the required catalog degree requirements:

SEMESTER/ YEAR	COURSE DEPT. & NO.	TITLE	# OF CREDITS	GRADE		COURSE DEPT. & NO.	TITLE	# OF CREDITS
					FOR			
					FOR			
					FOR			
					FOR			

LIST COURSE(S) TAKEN | LIST COURSE(S) SUBSTITUTED

*Justification:

COURSE DELETIONS OR ADDITIONS

☐ I would like to make the following course changes to my Advancement to Candidacy form:

ADD OR DELETE	SEMESTER/YEAR	COURSE DEPT. & NO.	TITLE	# OF CREDITS	GRADE
◯ ADD ◯ DELETE					
◯ ADD ◯ DELETE					
◯ ADD ◯ DELETE					

*Justification:

TIME EXTENSION FOR COURSES

☐ I request approval for the following course(s) that are listed on the Advancement to Candidacy form that are past the:

◯ 7 year limit *(Master)*   ◯ 10 year limit *(PhD)*

SEMESTER/YEAR	COURSE DEPT. & NO.	TITLE	# OF CREDITS	GRADE

*Justification:

UNIVERSITY OF ALASKA FAIRBANKS - GRADUATE SCHOOL

GRADUATE STUDENT PETITION FORM

GS-PET-12

NAME	STUDENT ID

CHANGE THESIS/RESEARCH CREDITS

☐ I would like the following credits changed on my Advancement to Candidacy form:

CHOOSE ONE		SEMESTER (fall/spring/summer)	YEAR	# OF CREDITS
CHANGE RESEARCH CREDITS TO THESIS CREDITS	CHANGE THESIS CREDITS TO RESEARCH CREDITS			
○ 698 to 699	○ 699 to 698			
○ 698 to 699	○ 699 to 698			
○ 698 to 699	○ 699 to 698			
○ 698 to 699	○ 699 to 698			
○ MOVE ALL 698 to 699	○ MOVE ALL 699 to 698			

UAF CATALOG POLICY EXCEPTION

☐ I hereby petition for an exception to the following UAF catalog policy not listed above:

*Describe:

*Justification:

APPROVED BY

COMMITTEE SIGNATURE ○ Chair or ○ Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE SIGNATURE ○ Member or ○ Co-Chair	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COMMITTEE MEMBER'S SIGNATURE	PRINT NAME LEGIBLY	DATE
DEPARTMENT CHAIR'S SIGNATURE	PRINT NAME LEGIBLY	DATE
COLLEGE/SCHOOL DEAN'S SIGNATURE	PRINT NAME LEGIBLY	DATE

FINAL ACTION TAKEN:　　○ Approve　　　　　　○ Disapprove

*Comments:

GRADUATE SCHOOL DEAN'S SIGNATURE	DATE

ORIGINAL SIGNED FORM SHOULD BE SUBMITTED TO THE GRADUATE SCHOOL AFTER ALL OTHER SIGNATURES ARE COMPLETE