

Graduate Student Petition

Form Initiator Role:

Student Information:

First Name: Last Name: Student ID:

Email: Phone:

Degree: Major:

Engineering, Geoscience, Art

- Action: Course Substitutions Course Deletions or Additions Time Extension for Courses
 Change Thesis/Research Credits UAF Catalog Policy Exception

Course Substitutions

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

List Course(s) Taken							List Course(s) Substituted				
Semester	Year	Course Dept.	Course Number	Course Title	# of Credits	Grade	Course Dept.	Course Number	Course Title	# of Credits	Add Another
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Justification:

Course Deletions or Additions

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

Action	Semester	Year	Course Dept.	Course Number	Course Title	# of Credits	Grade	Add Another
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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:

Semester	Year	Course Dept.	Course Number	Course Title	# of Credits	Grade	Add Another
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Justification:

Change Thesis/Research Credits

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

Choose One		Semester	Year	# of Credits
CHANGE RESEARCH CREDITS TO THESIS CREDITS	CHANGE THESIS CREDITS TO RESEARCH CREDITS			
<input type="checkbox"/> 698 to 699	<input type="checkbox"/> 699 to 698			
<input type="checkbox"/> 698 to 699	<input type="checkbox"/> 699 to 698			
<input type="checkbox"/> 698 to 699	<input type="checkbox"/> 699 to 698			
<input type="checkbox"/> 698 to 699	<input type="checkbox"/> 699 to 698			
<input type="checkbox"/> MOVE ALL 698 to 699	<input type="checkbox"/> MOVE ALL 699 to 698			

Justification:

UAF Catalog Policy Exception

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

Describe:

Justification:

Committee Chair/Co-Chair First Name: Last Name: Email:

Is there a another Committee Co-Chair?

Department Chair First Name: Last Name: Email:

College/School Dean First Name: Last Name: Email:

Graduate Coordinator First Name: Last Name: Email:

Initiator Signature _____ Date _____

Approved By

Graduate Coordinator Comments:

Graduate Coordinator Signature _____ Date _____

Committee Chair/Co-Chair Comments:

Committee Chair/Co-Chair Signature _____ Date _____

Department Chair Comments:

Department Chair Signature _____ Date _____

College/School Dean Comments:

College/School Dean Signature _____ Date _____

Please list your initials and any notes addressed to the Director about this form.

Graduate School Check Signature _____ Date _____

FINAL ACTION TAKEN:

Graduate School Director Comments:

Graduate School Director Signature _____ Date _____

Graduate School Processing Comments:

Graduate School Processing Signature

Date

GRADUATE SCHOOL | PO BOX 757560 FAIRBANKS, AK 99775-7560 | TEL: 907-474-7464
FAX: 907-474-1984 | EMAIL: uaf-grad-school@alaska.edu | 202 EIELSON BUILDING

Initiator Signature

Date:

SAMPLE