

Petition For An Exception To HF & I/O Graduate Program Rules Or Requirements

Department Of Psychology Wright State University

Name _____ Date _____

Address _____

UID _____ Phone Number: _____ Advisor: _____

Briefly describe your petition. (1) Be very clear about what you are requesting. (2) Be very clear why you believe the request is justified. Attach supporting documents as necessary.

Graduate Student Signature _____ Date _____

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Advisor Recommendation: Support ____ Reject ____ _____
(Advisor Signature and Date)

Comments: _____

Area Leader Recommendation: Support ____ Reject ____ _____
(Area Leader Signature and Date)

Comments: _____

Return to Department Services Administrator

DEPARTMENT ACTION

Graduate Petition Committee Recommendation: Support _____ Reject _____

Comments: _____

(Chair, Graduate Petition Committee Signature and Date)

Petition Action: Approved _____ Denied _____

Comments: _____

Graduate Program Director Approval Signature _____ Date _____
Return to Department Services Administrator