**GRADUATE STUDENT PETITION FORM and INSTRUCTIONS**  
*College of Graduate Studies*

**The following guidelines are provided so that requests will be presented clearly to members of the program committee and the Graduate College Petitions Committee.**

If your Petition request involves a course in which you are currently enrolled or have previously taken, an instructor’s statement **must be provided.** **Petitions without this information will be returned without review.**

If your request is due to extenuating circumstances (i.e., medical issues for you or a family member, death, work related, financial, etc.) a dated and signed statement from the appropriate professional (attorney, doctor, dentist, employer, etc.) on official letterhead paper must accompany the petition. **DO NOT indicate “Available upon request”.**

**Degree-seeking, Certificate and Licensure** graduate students should submit their petition with the instructor statement (if required) along with supporting materials to their faculty advisor for processing at the departmental level prior to review by the Graduate College Petitions Committee.

**Non-Degree** graduate students should submit their completed petition with an instructor statement (if required) and any supporting materials to the College of Graduate Studies. Faculty advisor and/or Program Committee recommendations are not required, unless requesting readmission after dismissal.*

For an academically dismissed degree-seeking student seeking **early** readmission, or *non-degree students seeking readmission, a recommendation from the Director of the Graduate Program in which the student wishes to take classes is **required** before action will be taken by the Graduate College Petitions Committee. **Petitions without this information will be returned without review.**

Please be advised that the University Graduate Council has determined that poor academic performance on a midterm examination or on other course requirements does not constitute sufficient grounds for granting a student a late withdrawal from a course.

If you have questions concerning the petition process, please contact your department or the College of Graduate Studies at (216) 687-9370, Room 218, Parker Hannifin Hall, 2258 Euclid Ave., Cleveland, OH 44115

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<tr>
<th><strong>THE STUDENT SHOULD REVIEW ALL UNIVERSITY, GRADUATE COLLEGE, AND GRADUATE PROGRAM REGULATIONS BEFORE FILING A GRADUATE PETITION.</strong></th>
<th><strong>STUDENTS WHO ARE FINANCIAL AID RECIPIENTS AND WHO WISH TO PETITION TO WITHDRAW FROM A COURSE(S) ARE STRONGLY ADVISED TO CONTACT THE CSU CAMPUS411 ALL-IN-1 OFFICE BEFORE FILING A PETITION TO DETERMINE THE POSSIBLE FINANCIAL AID IMPACT RESULTING FROM RECEIVING A LATE COURSE(S) WITHDRAWAL. CONTACT THE CAMPUS411 ALL-IN-1 OFFICE AT (216) 687-5411, MAIN CLASSROOM, ROOM 116.</strong></th>
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<td>Please note: There is 100% surcharge plus Late Fees for a prior term Late Add / Registration Treasury Services is responsible for all decisions regarding refunds, tuition fees and other charges.</td>
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Graduate Student Petition Form

This page is to be completed and signed by the student and then forwarded to the Instructor and/or Department with any supporting documentation. Please type or print legibly.

Section 1: Student Information
Name _______________________________________________ CSU ID# _____________________________
First name ___________________________ Last name ___________________________
Street address ________________________________________________ Day phone (___) _______ - __________
City, State __________________________________ Zip ________ Email: __________________________

Graduate Program/Department _______________________________________________________________
Degree-seeking ______ Certificate ______ Licensure ______ Non-degree ______ Visiting ______

Section 2: Petition Request: Check all that apply
☐ Non-degree Readmission for _______________________ (term/year)
☐ Early Degree-seeking Readmission (before 12 months) for _______________________ (term/year)
☐ Incomplete Extension (Proposed deadline date required from Instructor)
☐ Complete Withdrawal* for ________________________________  (term/year)
☐ Selective Withdrawal* (list course(s) in section 2a below)
  • If this is a selective withdrawal, you must explain why the request does not apply to all courses taken during the term.
  ➢ Date last attended course: __________________ (information required)

*If you are a Financial Aid recipient, contact the Campus411 All-in-1 Office before filing a late withdrawal petition.

☐ Add/Registration (list course(s) in section 2a below. You MUST provide the class # and credit hours for a late add)
  • Please note: There is 100% surcharge plus Late Fees for Late Registration / Late Add Fee (after the end of the semester).

☐ Degree Completion Extension: Students have up to ten years to complete a Graduate degree program (with local program approval). Students, Faculty Advisors and/or Graduate Program Directors must address course-by-course the currency of courses that will be ten or more years dated at the anticipated point of graduation. The petition requirement for work beyond the ten-year limit pertains to formal courses, transfer credits and credit by examination.

☐ Other (Specify): ____________________________

Section 2a: Provide the following information if your request pertains to one or more courses.

Course No. (ABC 501) Section Class # Credit Hours Semester, Yr. Instructor’s name
________________________________ _______ _______ _______ __________________________
________________________________ _______ _______ _______ __________________________
________________________________ _______ _______ _______ __________________________
________________________________ _______ _______ _______ __________________________
________________________________ _______ _______ _______ __________________________
________________________________ _______ _______ _______ __________________________

Section 3: Purpose of the Petition
Attach a typed page describing clearly what you are requesting and include a rationale why the request is being made.
  ➢ Petitions submitted without a rationale will be returned without review.

Supporting documentation included:  ☐ No  ☐ Yes  Type: __________________________
If your request is due to extenuating circumstances, a dated and signed statement from the appropriate professional (attorney, doctor, dentist, employer, etc.) on official letterhead paper must accompany the petition. DO NOT indicate “Available upon request”.

Section 4: Signature Required
With my signature, I hereby authorize the Dean or his/her designate to review pertinent academic records. I also affirm that, to the best of my knowledge, the attached narrative statement and documentation accurately reflect the facts involved.

Student’s Signature: ___________________________ Date _____/_____/_______
Directions for Instructors, Advisors, and Program Committees

Instructors: If the petition involves a late withdrawal, an extension of an Incomplete grade, or a change of grade, please describe the student’s academic performance and attendance. Also provide your recommendation with a rationale for support or non-support. Document the student’s grade at the time of withdrawal or receipt of an Incomplete grade. Describe the work to be completed regarding the Incomplete grade. The petition will be returned without review by the Graduate College Petitions Committee if this information is not provided.

Instructor  Provide student’s academic performance, attendance, and your recommendation and rationale

Course No. __________  □ I Support  □ I do not support  □ Proposed Incomplete Deadline:________________________

Academic Performance: ________________________________________________________________

Attendance: _____________________________________________________________________________

Rationale: ______________________________________________________________________________

Print Name __________________________________ Signature __________________________ Date __________

Instructor  Provide student’s academic performance, attendance, and your recommendation and rationale

Course No. __________  □ Support  □ I do not support  □ Proposed Incomplete Deadline:________________________

Academic Performance: ________________________________________________________________

Attendance: _____________________________________________________________________________

Rationale: ______________________________________________________________________________

Print Name __________________________________ Signature __________________________ Date __________

Instructor  Provide student’s academic performance, attendance, and your recommendation and rationale

Course No. __________  □ Support  □ I do not support  □ Proposed Incomplete Deadline:________________________

Academic Performance: ________________________________________________________________

Attendance: _____________________________________________________________________________

Rationale: ______________________________________________________________________________

Print Name __________________________________ Signature __________________________ Date __________

If the petition request involves more than three courses, the additional instructor information should be provided on the reverse side of this page.
Faculty Advisor: Provide recommendation and rationale: *(Required for Licensure, Certificate and Degree-Seeking Students)*

____________________________________________________________________________________________

Print Name____________________________ Signature __________________________ Date ____________

Program Committee: Provide recommendation and rationale *(Required for Licensure, Certificate and Degree-Seeking Students and all students requesting re-admission)*

____________________________________________________________________________________________

Print Name____________________________ Signature __________________________ Date ____________

Graduate College Office Use Only: ID #_______________ CISP Notification: □ yes □ no

Admit Term: _______________ Graduate GPA: __________

Summarized Petitions Request: ____________________________

___________________________________________________________________________________________

Graduate College Petitions Committee Action:

☐ Request for more information: ____________________________

___________________________________________________________________________________________

☐ Approve ☐ Conditional Approval ☐ Deny

___________________________________________________________________________________________

Signed ____________________________ Date ____________

Revised 02/2012