MALONE UNIVERSITY

Graduate Academic Petition

DENT NAME:	DATE:
First	Last
OGRAM:	
TRUCTIONS (in sequential order):	
under review. Attach any pertinent information	ubmit it to the Academic Program Director responsible for the course, major or policy or documentation that may support your request. Based upon the information opriate authority will make a recommendation to affirm or deny the petition. Sign, date egistrar.
based on institutional policy. Upon review, the action). No action is considered official until app	as completed the initial review of the request, the Registrar will review and comment Registrar will sign and forward the petition to the Associate Provost (for university-level proved and signed by Associate Provost. Should steps in this process be omitted or the petition back to the appropriate authority for review and action.
The completed petition will be returned to the document being returned to the student.	Office of the Registrar as a permanent record of the final action with a copy of the
QUEST PERMISSION TO (state specifically v	what you would like done):
IONALE (state in a clear and concise way w	why the above request should be granted and what supports your request):
dent Signature:	Date:
OGRAM DIRECTOR:	
ature:	Date:
SISTRAR'S COMMENTS:	
ature:	Date:
OCIATE PROVOST (appropriate authority):	
OCIATE PROVOST (appropriate authority):	
OCIATE PROVOST (appropriate authority):	
	Complete the top portion of this petition and so under review. Attach any pertinent information submitted and other relevant factors, the approand forward the petition to the Office of the Reference of the Refe