Western Illinois University

School of Graduate Studies

Petition Form

Date:	Select one from the list below:				
	' Degree plan ±change				
Name:	'Grade replacement				
	' Hold an assistantship with less than 3.0 graduate GPA				
WIU ID No:	' Hold an assistantship as a probationary student				
	'Late total university withdrawal (indicate semester)				
I tcf wcvg"rtqi tco:	'Remove from probationary status				
	' Request to change grade back to an I				
	' Waiver of 6-hour C rule				
	'Other (please be specific in rationale below)				
	other (picuse de specific in rationale delow)				
Give full reason(s) for request: If petition is to be present documentation to support appeal. Additional documentation m	ted to the Graduate Council, student must provide rationale and nay be attached to this form.				
Note: If petition is a request to change an F grade back to an incomplete, an extension date must be indicated within the	6 W X GslenQtWe¶ V Email address: Current address:				
request. The course instructor must also sign. Instructor:	Current address.				
nistructor.	Home address:				
Home address.					
Students: Do N	Not Write Below This Line				
Students. Do 1	Not Write Below This Line				
Give full reason(s) for department/program recommendation department must provide rationale for recommendation. Additional department must provide rationale for recommendation.	nendation: If petition is to be presented to the Graduate Council, tional documentation may be attached to this form.				
Recommendation	<u>Signatures</u>				
Graduate Committee action:Approve	Deny Member/date:(Should be someone other than department chairperson)				
Department Chair recommendation:Approve	Deny Chairperson/date:				