

\_\_\_\_\_  
Social Security Number

**ST. CLOUD STATE UNIVERSITY**  
St. Cloud, Minnesota  
Graduate Studies

\_\_\_\_\_  
Please PRINT Name

Petition

To the Graduate Office:

Date: \_\_\_\_\_

The undersigned, a graduate student having \_\_\_\_\_  
as the Major, and \_\_\_\_\_ as adviser, respectfully  
requests consideration of the following petition(s) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are my reasons for making the request(s) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

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Recommendation of Adviser: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ Signature  
of Adviser: \_\_\_\_\_

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Final Action: \_\_\_\_\_

\_\_\_\_\_  
Dean, Graduate Studies

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The student was notified of this action on \_\_\_\_\_ . (Date).