

ST. CLOUD STATE UNIVERSITY™

A tradition of excellence and opportunity

School of Graduate Studies PETITION TO MAKE CHANGES TO YOUR GRADUATE PROGRAM

Name _____
Last First Middle Previous

SCSU E-mail _____ SCSU Student ID _____

Current Address _____
Number & Street City State Zip Country

Home Phone _____ Cell Phone _____

Graduate Program _____ Graduate Adviser _____

Please state your petition request:

Additional space is provided on the back. Please check if you used the back

My reasons for making this request are as follows:

Additional space is provided on the back. Please check if you used the back

Signature _____ Date _____

Return to: School of Graduate Studies
121 Administrative Services Building Phone 320.308.2113
720 Fourth Avenue South FAX 320.308.5371
St. Cloud, MN 56301-4498 E-mail graduatestudies@stcloudstate.edu

A copy of this form with a decision will be sent to you through the U.S. mail within three to five days of receiving your request.

Graduate Adviser Recommendation

Recommend Comments _____

Not Recommend Comments _____

Graduate Adviser _____ Date _____

School of Graduate Studies Decision

Approved Conditions _____

Not Approved Comments _____

Graduate Dean _____ Date _____

Student Notified _____
Date By

SCSU is an affirmative action/equal opportunity educator and employer.

This material can be given to you in an alternative format such as large print by contacting the department/agency listed elsewhere on this document.

