Bioinformatics Program
Petition Form
Petition for a waiver of required courses or other degree requirements.

Name: _____ Student I.D. #: _____

Degree Program: ___Post-bach ___ Post-mast ___ MS Advisor: _____

E-mail Address: _____ Local Phone: _____

Current Mailing Address: _____

_____

Petition: _____

_____

_____

Reason: _____

_____

_____

ADVISOR

☐ Recommend _____ _____
☐ Do Not Recommend Advisor's Signature Date

Comments: _____

_____

Curriculum Committee
☐ Recommend _____ _____
☐ Do Not Recommend Curriculum Committee Chair Signature Date

Comments: _____

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