

Boston University
Sargent College of Health and Rehabilitation Sciences
Formal Student Petition

NAME _____ ID# _____

MAJOR _____ DEGREE _____ YEAR OF GRADUATION _____

LOCAL ADDRESS _____ LOCAL PHONE# _____

E-MAIL ADDRESS _____ CELL PHONE# _____

PROPOSAL: (Check appropriate one)

_____ Waiver of requirements

_____ Pass/Fail Option

_____ Extension of time limit for completion of degree requirements

_____ Appeal to remain in program

_____ Other

Briefly summarize your reasons for this petition:

STUDENT'S SIGNATURE _____ **DATE** _____

After obtaining your faculty advisor's signature, submit to the Academic Services Center Office, with the exception of Pass/Fail petition, which should be submitted to your departmental office.

_____ Petition accepted in full

_____ Petition accepted with changes (See explanation below)

_____ Petition refused (See explanation below)

Reasons of acceptance with changes or refusal of petition:

FACULTY ADVISOR'S SIGNATURE _____ **DATE** _____

ASC ADMINISTRATIVE APPROVAL _____ **DATE** _____