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

NAME__________________________________________ID#____________________

MAJOR_________________________________________DEGREE____________________

YEAR OF GRADUATION__________________________

E-MAIL ADDRESS______________________________________________

PROPOSAL:
(Check appropriate one)

________ Waiver of requirements
________ 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, room 207 at Sargent College.

________ 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_______