GRADUATE PETITION FORM

Students: Please complete all fields outlined in blue and sign by typing into the appropriate field. Please e-mail the completed form to your advisor for review; you may need to meet with your advisor to discuss your petition. General questions about petitions should be sent to enggrad@bu.edu.

Name:		BU ID#:	
Major:	Advisor:	Class	s Year:
E-mail Address:	Phone Number:		
Petition:			
Reason:			
-	Student's S	Signature	Date
Advisor: Please review the student petition and indicate your recommendation and any comments in the fields outlined in red below. Please digitally sign and submit the form via e-mail to enggrad@bu.edu			
Recommend Do Not Recommend Comments:	Advisor's S	ignature	Date
Office Use Only DEPARTMENT			
Recommend Do Not Recommend	Department	al Signature	Date
DEAN Approve Deny	Dean's S	Signature	 Date
Comments:			