

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 _____