

**UNDERGRADUATE STUDENT PETITION**

To: Chairman, Department of Geology and Geophysics

**REQUEST:** (State clearly and concisely the request you are making. Use exact course numbers and course titles):

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**REASONS:** (Explain fully the circumstances which require this request. If necessary use reverse side. If the cause of this petition is to prevent delay in graduation, record on page 2 your projected schedule for each semester until your expected date of graduation.)

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Major: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

Current graduation: \_\_\_\_\_  
(month) (year)

Address: \_\_\_\_\_

Revised graduation: \_\_\_\_\_  
(month) (year)

\_\_\_\_\_

Approval  
Recommended

Not  
Recommended

Approved

Denied

\_\_\_\_\_  
Counselor Date

\_\_\_\_\_  
Department Chair Date

Approval  
Recommended

Not  
Recommended

\_\_\_\_\_  
Undergraduate Advisory Committee Chair

\_\_\_\_\_  
Date

**Graduation Delay Program**

SEMESTER: \_\_\_\_\_  
Course \_\_\_\_\_ Credit \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SEMESTER \_\_\_\_\_  
Course \_\_\_\_\_ Credit \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SEMESTER: \_\_\_\_\_  
Course \_\_\_\_\_ Credit \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SEMESTER \_\_\_\_\_  
Course \_\_\_\_\_ Credit \_\_\_\_\_

_____	_____
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_____	_____
_____	_____
_____	_____

SEMESTER: \_\_\_\_\_  
Course \_\_\_\_\_ Credit \_\_\_\_\_

_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____

SEMESTER \_\_\_\_\_  
Course \_\_\_\_\_ Credit \_\_\_\_\_

_____	_____
_____	_____
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_____	_____

Comments: \_\_\_\_\_

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