



UNDERGRADUATE STUDENT PETITION

TO: Chairman, Department of Geology and Geophysics

FROM: Major

REQUEST: Course Name(s) Course #

Nature of Request

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 project schedule for each semester until your expected date of graduation.)

Current graduation: Month Year Revised graduation: Month Year

Student Info. (Please print) Name Address City State Zip

Signature: Date:

Approval: [ ] Recommended [ ] Not Recommended Approval: [ ] Recommended [ ] Not Recommended

Counselor Date Undergraduate Advisory Committee Chair Date

APPROVED: [ ] Recommended [ ] Not Recommended

Department Chair Date

# Graduate Delay Program

**SEMESTER**

Course	Credit

**SEMESTER**

Course	Credit

**SEMESTER**

Course	Credit

**SEMESTER**

Course	Credit

**SEMESTER**

Course	Credit

**SEMESTER**

Course	Credit

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