



PETITION FOR CHANGE IN ACADEMIC STATUS

Date _____

Name _____ T-Number _____

Present Status and Major _____

Admission Date _____
(Semester/Year)

I herewith request reassignment to the following status or major

() UNCONDITIONAL

Present grade point average _____. Why do you wish to change your academic status?

Statement of evidence of ability to perform satisfactorily if new status is approved (attach any supporting information). _____

I acknowledge that the above information is accurate.

Student's Signature

ACTION OF PRESENT DEPARTMENT HEAD OR DEAN OF MAJOR AREA

() Approved

() Disapproved

Department Head

Date

Dean, College/School

Date

ACTION OF DEAN OF GRADUATE SCHOOL

() Approved

() Disapproved

Dean, Graduate School

Date