

General Graduate Petition Form

Student first and last name: _____

OSU ID: _____ OSU Name.#: _____ Phone: _____

Current Program: MPA MPAL MA PhD Certificate

Have you spoken with a Student Services staff member about this petition? Yes No

Staff member name: _____

Instructions:

Please detail below the specifics of your request. You may also choose to attach additional page(s) outlining the details of your request and any supporting documentation that you feel comfortable sharing. Any information shared will be a part of your student record.

Details:

Student Signature

Graduate Studies Chair Signature

Instructor Signature (if applicable)

Date: _____

Date: _____

Date: _____

OFFICE USE ONLY:

Approved Not Approved

Comments: