

Date Received_____

The University of Kansas
School of Fine Arts
GRADUATE STUDENT PETITION

Read and type a response for each of the following items. (Failure to do so will result in the petition being returned without review.) The typical time frame for resolution of petitions is 6 weeks. The student is responsible for submitting a complete petition and with the advisor, monitoring its progress through the system.

Student's Name: _____ KUID/PSID# _____ Maiden Name: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Current Dept.or Div/Area: _____ Degree pursued: _____

Last semester enrolled: _____ GPA in program: _____ Hours needed to complete degree: _____

Date the original time limit expires: _____ Initial expected graduation date: _____

Petition Abstract:

Provide a brief statement of the nature of exactly what you are asking the committee to approve. Indicate course number(s) and title(s) when appropriate.

Petition Rationale:

Describe reason(s) for your request:

Time Line: For graduation extensions, please provide a schedule for completion of program requirements.

Activity/Requirement	Month/Year of Completion
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(attach additional sheet, if necessary)

History of previous petition requests:

Request	Date	Action Taken
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Advisor's Recommendation: Approve _____ Deny _____

Advisor's signature: _____ Date _____

Advisor: Send form to Division Director/Area Coordinator.

Division Director's/Area's Recommendation: (if same as advisor sign in both capacities) Approve _____ Deny _____

Division/Area signature: _____ Date _____

Division: Send form to Department Office Staff for processing.

Department Office Staff

Copy form for DEPT student file located in (A&D-300A&D; M&D-460 MUR; MEMT-448 MUR)

and send original on to: COGSIM chair, 446 Murphy (for Music and Dance)
GAC chair, 300 A&D (for Art) or
GEC chair, 300 A&D (for Design)

Action of COGSIM / GAC / GEC (circle one): Approve _____ Deny _____

Graduate Committee authorization: _____ Date _____

After committee recommendation send form to the Associate Dean of Research and Graduate Studies and he/she will proceed as follows:

Action of Associate Dean of Research & Graduate Studies:

Send copy of action to: Student
 A&D, M&D, or MEMT office as appropriate for department student file.
(Department Office Staff will copy final approval for chair if needed.)
 File final copy in SFA student file (Do-All____, Stu Database____)