Petition Form

Use this form when requesting a modification of any School of Education degree requirement(s). Take the completed petition form to a School of Education adviser for review. This form must be <u>typed</u>. No handwritten forms will be accepted. Every effort will be made to respond within 10 business days.

Name:	Student Number:
UW email:	Phone Number:
Program:	
<u>Instructions</u> : You must provide a full explanation of your request; you need to clearly substantiate the reason(s) for your request. Attach additional pages, if necessary. If your petition is for transfer credits , please review Graduate School Policy for Transfer Credits.	
Student Signature:	Date
Office Use Only	
Advisor's action: (circle one) Recommend Not Rec	commend Initials/Date:
Action by Graduate Program Faculty Committee Representative:	(circle one) Approved Not Approved
Signature: Graduate Program Faculty Committee Representa	Date
Graduate Frogram Faculty Committee Representa	uve
Comments:	

Submit your petition and supporting documents to: UWT School of Education
1900 Commerce Street ◆ Tacoma, Washington 98402 ◆ Campus Box 358435 ◆ (253) 692-4430
www.tacoma.washington.edu/education