

Instructions: Complete this form when seeking reinstatement to a degree program or to make any other request that is beyond the scope of authority of your school/college.

SECTION I: STUDENT INFORMATION

Name (Last, First, Middle)		TUid	
Current Mailing Address			
Home Telephone () -		E-mail	
School/College	Program	Degree	

SECTION II: REASON FOR SUBMITTING PETITION

Limit the rationale for your request to the space below. Do NOT attach additional paperwork as you will be contacted if additional information is needed.

Rationale:

SECTION III: APPROVAL SIGNATURES

Student			Date / /
Advisor	Campus Telephone	E-mail	Date / /
Department/Graduate Chair	Campus Telephone	E-mail	Date / /
College Associate/Assistant Dean	Campus Telephone	E-mail	Date / /

SECTION IV: GRADUATE SCHOOL APPROVAL

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of Dean or Designee	Name of Dean or Designee	Date / /
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**Approval cannot be assumed.
You will be notified of the decision.**

Return completed form to:
*Dr. Zebulon Kendrick
Associate Dean
Graduate School*

*501 Carnell Hall
1803 North Broad Street
Philadelphia, PA 19122-6095
Fax: 215-204-8781*