

DocuSign Link

Assistantship Petition

Student ID:	First Name:	Last Name:
	Program:	
Petition Informati	on	
Work additio	iber of credits during last se	
Justification (be speci	fic):	
Student Signature	Date	
Program Approval		
Assistantship Supervis	sor Date	Recommend Not Recommended
(if different from Advisor)		Recommend Not Recommended
Advisor	Date	Recommend Not Recommended
Graduate Director	Date	
SGS Review		
		Approved Comments:
School of Graduate Stu	ıdies Date	O Denied