

GRADUATE and PROFESSIONAL STUDENT PETITION
gradschool@uh.edu

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the university collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.

Name: Last First Middle myUH ID: Contact Phone Number: UH EMAIL ALIAS: @UH.EDU Students are required to maintain a valid destination email address in their myUH account	Current Student Information Career Program Plan Code	Petition Effective Term Year
NOTE: Unless otherwise stated and approved, all petitions are effective at the start of the next academic term. All administrative actions become effective the day they are processed, unless otherwise stipulated and approved via petition. All petitions should be submitted to the advising office in the department of their degree objective to begin the approval process.		

PURPOSE OF PETITION

1. Update program status/action (term activate, discontinue, etc)	2. Admissions status change (ex: conditional to unconditional)	3. Add new concurrent degree or certificate objective (career/program/plan)	4. Change current degree objective (program/plan)
5. Degree requirement exception or approved course substitution	6. Leave of Absence (include specific term) (Attach supporting documentation)	7. Reinstatement to discontinued career (provide explanation)	8. Request to apply to graduate after the late filing period deadline
9. Transfer Credit [One Institution per petition]	Institution Name City/State/Zip	Hours Previously Transferred: <input type="text"/> Transfer Credits on this request: <input type="text"/>	10. Change Admit Term
Courses Approved for Transfer:	Catalog #: Sem/Qtr Taken: Catalog #: Sem/Qtr Taken: Catalog #: Sem/Qtr Taken:	General Elective Credit Awarded: UH Graduate Course Equivalencies:	11. Early Submission of Thesis/Dissertation 12. Other (explain below)

EXPLANATION OF REQUEST

(attach additional documentation as needed)

STUDENT SIGNATURE Please type your name as your signature.	DATE
---	-------------

Administrative Request

REQUIRED APPROVALS	ACADEMIC OFFICE USE ONLY																														
<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">Graduate Advisor/Committee Chair</td> </tr> <tr> <td style="width:30%;">APPROVE</td> <td style="width:30%;">DISAPPROVE</td> <td style="width:40%;">Print Name _____ Date _____ Signature _____</td> </tr> <tr> <td colspan="3">Graduate Studies/Program Director</td> </tr> <tr> <td>APPROVE</td> <td>DISAPPROVE</td> <td>Print Name _____ Date _____ Signature _____</td> </tr> <tr> <td colspan="3">Department Chair <i>if required</i></td> </tr> <tr> <td>APPROVE</td> <td>DISAPPROVE</td> <td>Print Name _____ Date _____ Signature _____</td> </tr> <tr> <td colspan="3">Assoc/Asst Dean for Graduate Studies</td> </tr> <tr> <td>APPROVE</td> <td>DISAPPROVE</td> <td>Print Name _____ Date _____ Signature _____</td> </tr> <tr> <td colspan="3">Vice Provost/Dean of the Graduate School</td> </tr> <tr> <td>APPROVE</td> <td>DISAPPROVE</td> <td>Print Name _____ Date _____ Signature _____</td> </tr> </table>	Graduate Advisor/Committee Chair			APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____	Graduate Studies/Program Director			APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____	Department Chair <i>if required</i>			APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____	Assoc/Asst Dean for Graduate Studies			APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____	Vice Provost/Dean of the Graduate School			APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____	COMMENTS
Graduate Advisor/Committee Chair																															
APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____																													
Graduate Studies/Program Director																															
APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____																													
Department Chair <i>if required</i>																															
APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____																													
Assoc/Asst Dean for Graduate Studies																															
APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____																													
Vice Provost/Dean of the Graduate School																															
APPROVE	DISAPPROVE	Print Name _____ Date _____ Signature _____																													