GRADUATE SCHOOL STUDENT PETITION IDAHO STATE UNIVERSITY

This petition and all relevant documentation must be forwarded to the Graduate School

Name of Student			Student Number		Date
Catalog Year:	Address		Degree Sou	Phone ught:Major:	Email
	owed to deviate from institu			[i.e. PhD, MS, etc]	
Student Signatur		The information ab	ove must be typed and	filled in directly. If necessary	additional pages may be attache
				ch a copy of additional mate	
Explanation:					
ecommend:	Do not recommend:	Instructor	Advisor		Date
xplanation:				[signature]	[date]
Pecommond:	Do not recommend:	Instructor	Advisor Chair	Dean	Date
Cecommenia.					
				(signat	ture] [date]
Explanation:	Do not recommend: :	Advisor (Chair Dean		Date
Recommend: Explanation: Recommend: Please Note: Thi				[signature]	Date [date]