Western Illinois University

School of Graduate Studies

Date:			t one from the list below:		
Name:		□ Gra	gree plan – change ide replacement		
WIU ID No:		□ Hol	d an assistantship with less than 3.0 graduate GPA d an assistantship as a probationary student e total university withdrawal (indicate semester)		
I tcf wcwg'r tqi tco:		□ Rer □ Rec □ Wa	nove from probationary status quest to change grade back to an I iver of 6-hour C rule		
		□ Oth	er (please be specific in rationale below)		
Give full reason(s) for request: If petition is to be presented to the Graduate Council, student must provide rationale and documentation to support appeal. Additional documentation may be attached to this form.					
documentation to support appears required and many se utilizated to this form					
Note: If petition is a request to change an F grade		Student's signature:Email address:			
incomplete, an extension date must be indicated v request. The course instructor must also sign.	within the	Current address:			
Instructor:		Home address:			
Students: Do Not Write Below This Line					
Give full reason(s) for department/program recommendation: If petition is to be presented to the Graduate Council, department must provide rationale for recommendation. Additional documentation may be attached to this form.					
Recommendation			Signatures		
Graduate Committee action:	Approve	Deny	Member/date:(Should be someone other than department chairperson)		
Department Chair recommendation:	Approve	Deny	Chairperson/date:		

Petition Form



Western Illinois University School of Graduate Studies 1 University Circle Macomb, IL USA 61455-1390 Phone (309)298-1806; Fax (309)298-2345 www.wiu.edu/grad; Email: Grad-Office@wiu.edu 7-29-15

Final action by Graduate School:ApproveDeny	7
Note (if any):	_
Signature/date:	

Form will not be processed without signatures.