THE FOLLOWING GUIDELINES ARE PROVIDED SO THAT REQUESTS WILL BE PRESENTED CLEARLY TO MEMBERS OF THE PROGRAM COMMITTEE AND THE GRADUATE COLLEGE PETITIONS COMMITTEE.

If your Petition request involves a course in which you are currently enrolled or have previously taken, an instructor’s statement must be provided. Petitions without this information will be returned without review.

If your request is due to extenuating circumstances (i.e., medical issues for you or a family member, death, work related, financial, etc.) a dated and signed statement from the appropriate professional (attorney, doctor, dentist, employer, etc.) on official letterhead paper must accompany the petition. DO NOT indicate “Available upon request”.

Degree-seeking, Certificate and Licensure graduate students should submit their petition with the instructor statement (if required) along with supporting materials to their faculty advisor for processing at the departmental level prior to review by the Graduate College Petitions Committee.

Non-Degree graduate students should submit their completed petition with an instructor statement (if required) and any supporting materials to the College of Graduate Studies. Faculty advisor and/or Program Committee recommendations are not required, unless requesting readmission after dismissal.*

For an academically dismissed degree-seeking student seeking early readmission, or *non-degree students seeking readmission, a recommendation from the Director of the Graduate Program in which the student wishes to take classes is required before action will be taken by the Graduate College Petitions Committee. Petitions without this information will be returned without review.

Please be advised that the University Graduate Council has determined that poor academic performance on a midterm examination or on other course requirements does not constitute sufficient grounds for granting a student a late withdrawal from a course.

If you have questions concerning the petition process, please contact your department or the College of Graduate Studies at (216) 687-9370, Parker Hannifin Hall, third floor, 2258 Euclid Ave., Cleveland, OH 44115
Section 1: Student Information

Name ___________________________________________________ CSU ID# ________________________

Street address _______________________________________________________ Day phone (______) ________-__________

City, State ____________________________________________ Zip __________ Email: _________________________________

Graduate Program/Department ________________________________________________________________________

Degree-seeking ______ Certificate ______ Licensure ______ Non-degree _______ Visiting _______

Are you an International student? NO: _______ YES: _______ If YES, you MUST contact CISP at (216) 687-3910

Section 2: Petition Request: Check all that apply

- Non-degree Readmission for _______________________ (term/year)
- Early Degree-seeking Readmission (before 12 months) for ____________________ (term/year)
- Incomplete Extension (Proposed deadline date required from Instructor)
- Complete Withdrawal* for ________________________________  (term/year)
- Selective Withdrawal* (list course(s) in section 2a below)
  - If this is a selective withdrawal, you must explain why the request does not apply to all courses taken during the term.
  - Date last attended course: ________________ (information required)

*If you are a Financial Aid recipient, contact the Campus411 All-in-1 Office before filing a late withdrawal petition.
*If you are an International student, contact the CISP Office before filing a late withdrawal petition.

- Add/Registration (list course(s) in section 2a below. You MUST provide the class # and credit hours for a late add)
  - Please note: There is 100% surcharge plus Late Fees for Late Registration / Late Add Fee (after the end of the semester).
- Degree Completion Extension: Students have up to ten years to complete a Graduate degree program (with local program approval). Students, Faculty Advisors and/or Graduate Program Directors must address course-by-course the currency of courses that will be ten or more years dated at the anticipated point of graduation. The petition requirement for work beyond the ten-year limit pertains to formal courses, transfer credits and credit by examination.

- Other (Specify):

Section 2a: Provide the following information if your request pertains to one or more courses.

<table>
<thead>
<tr>
<th>Course No. (ABC 501)</th>
<th>Section</th>
<th>Class # (required for late add)</th>
<th>Credit Hours</th>
<th>Semester, Yr.</th>
<th>Instructor’s name</th>
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Section 3: Purpose of the Petition

Attach a typed page describing clearly what you are requesting and include a rationale why the request is being made.

- Petitions submitted without a rationale will be returned without review.

If your request is due to extenuating circumstances, a dated and signed statement from the appropriate professional (attorney, doctor, dentist, employer, etc.) on official letterhead paper must accompany the petition. DO NOT indicate “Available upon request”.

Supporting documentation included: [ ] No [ ] Yes Type: ______________________

Section 4: Signature Required

With my signature, I hereby authorize the Dean or his/her designate to review pertinent academic records. I also affirm that, to the best of my knowledge, the attached narrative statement and documentation accurately reflect the facts involved.

Student’s Signature: __________________________ Date ________/________/________
Directions for Instructors, Advisors, and Program Committees

Instructors: If the petition involves a late withdrawal, an extension of an Incomplete grade, or a change of grade, please describe the student’s academic performance and attendance. Also provide your recommendation with a rationale for support or non-support. Document the student’s grade at the time of withdrawal or receipt of an Incomplete grade. Describe the work to be completed regarding the Incomplete grade. Petitions will be returned without review by the Graduate College Petitions Committee if this information is not provided.

CSU ID# ______________________

Instructor Provide student’s academic performance, attendance, and your recommendation and rationale

Course No. __________   ☐ I Support   ☐ I do not support   ☐ Proposed Incomplete Deadline: ______________________

Academic Performance: ___________________________________________________________

Attendance: _________________________________________________________________

Rationale: ________________________________________________________________

Print Name ___________________________ Signature ___________________________ Date _____________

Instructor Provide student’s academic performance, attendance, and your recommendation and rationale

Course No. __________   ☐ Support   ☐ I do not support   ☐ Proposed Incomplete Deadline: ______________________

Academic Performance: ___________________________________________________________

Attendance: _________________________________________________________________

Rationale: ________________________________________________________________

Print Name ___________________________ Signature ___________________________ Date _____________

Instructor Provide student’s academic performance, attendance, and your recommendation and rationale

Course No. __________   ☐ Support   ☐ I do not support   ☐ Proposed Incomplete Deadline: ______________________

Academic Performance: ___________________________________________________________

Attendance: _________________________________________________________________

Rationale: ________________________________________________________________

Print Name ___________________________ Signature ___________________________ Date _____________

If the petition request involves more than three courses, the additional instructor information should be provided on the reverse side of this page.
CISP: Provide comments (Required for International Student Petitions) CSU ID# ________________________

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Print Name___________________________________________________________________________________

Signature _____________________________________________________________ Date ___________________

Faculty Advisor: Provide recommendation and rationale (Required for Licensure, Certificate and Degree-Seeking Students and all students requesting re-admission)

___________________________________________________________________________________________
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___________________________________________________________________________________________

Print Name____________________________________________  Dept. ___________________________________

Signature _____________________________________________________________ Date ___________________
Program Committee: Provide recommendation and rationale (Required for Licensure, Certificate and Degree-Seking Students and all students requesting re-admission)

CSU ID# ________________________

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Print Name____________________________________________  Dept. ___________________________________

Signature _____________________________________________________________ Date ___________________

Graduate College Office Use Only:

Admit Term: ___________________  Graduate GPA: _______________

Summarized Petitions Request: ________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Graduate College Petitions Committee Action:

☐ Request for more information: _______________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

☐ Approve    ☐ Conditional Approval    ☐ Deny

Signed _____________________________________________________________________ Date ____________

CISP Notification:  ☐ yes  ☐ no