GRADUATE PETITION FORM

Students: Please complete all fields outlined in blue and sign by typing into the appropriate field. Please e-mail the completed form to your advisor for review; you may need to meet with your advisor to discuss your petition. General questions about petitions should be sent to enggrad@bu.edu.

Name:			BU ID#:			
Major:		Advisor:		Class Year:		
E-mail Addres	ss:		Phone Number:			
Petition:						
Reason:						
		Student's Sig			Date	
the fields outline	ed in red below. F	ident petition and indicate Please digitally sign and subn				
☐ Do Not Recommend		Advisor's Siç	Advisor's Signature		te	
Comments:						
Office Use Onl	V					
DEPARTMEN						
Recommend Do Not Recommend DEAN		Departmenta	Departmental Signature		Date	
Approve Deny		Dean's Signature	Dean's Signature		Date	
Comments:						