

# Washington State University Vancouver Graduate Student Petition Process

To petition a late fee, request an exception to a deadline on the academic calendar, etc., please use the **Graduate Student Petition Form** to submit your request. The form is available from the Cougar Center located in the Student Services Center (VSSC), or on the Web at [www.vancouver.wsu.edu/ss/forms\\_index.htm](http://www.vancouver.wsu.edu/ss/forms_index.htm).

The completed petition form and supporting documentation can be submitted by mail or fax to—

Mail: WSU Vancouver Office of Student Affairs  
Attention: Petitions Committee  
14204 NE Salmon Creek Ave.  
Vancouver, WA 98686

Fax: 360-546-9032 Attention: Petitions Committee

Specific information regarding the petition process for graduate students is outlined on the form. **Please note that most requests are reviewed and acted upon by the Graduate School on the Pullman campus.**

Questions regarding the petition process should be directed to the WSU Vancouver Office of Student Affairs 360-546-9559 or e-mail [petitions@vancouver.wsu.edu](mailto:petitions@vancouver.wsu.edu).

Revised 1/6/2009

Complete form and return to:  
 Fax: 360-546-9032 or  
 Mail to: WSU Vancouver Office of Student Affairs  
 14204 NE Salmon Creek Ave.  
 Vancouver, WA 98686-9600

For questions please call 360-546-9559

## GRADUATE STUDENT PETITION FORM WASHINGTON STATE UNIVERSITY

1. Fill out this petition form completely and accurately. Return completed form to the Graduate School.
2. Contact your department directly for the final decision of your petition which will be recorded on this form.

Name <i>(Last, First MI)</i>	I.D. Number
E-Mail Address	Phone (     )

Campus: Pullman  Tri-Cities  Vancouver  Spokane  DDP  Department:

<input type="checkbox"/>	Check here if you are WSU faculty or staff
<input type="checkbox"/>	Check here if you have a Graduate Assistantship <b>(If on an assistantship, you can not DROP courses below 10 credits.)</b>
<input type="checkbox"/>	Check here if you are an International Student <b>(If yes, you will need OISS approval.)</b>

**Please check the appropriate box:** *(Requires Instructor/Advisor and Department Chair Approval)*

<input type="checkbox"/>	Add Course(s)
<input type="checkbox"/>	Drop Course(s) -- (normal drop deadline is the 30th day of the semester) <sup>1</sup>
<input type="checkbox"/>	Withdraw from Course(s) -- (normal withdrawal period is from 31 <sup>st</sup> day through the 9 <sup>th</sup> week) <sup>1</sup>
<b>Cancellation of Enrollment</b> If you want/need to withdraw from <u>all</u> your classes for the current term, go to: <a href="http://www.cancel.wsu.edu">http://www.cancel.wsu.edu</a> and personally cancel your enrollment.	
<input type="checkbox"/>	My cancellation of enrollment has been processed and I am now petitioning for the following (please explain):
<input type="checkbox"/>	Add Audit Course
<input type="checkbox"/>	Change Letter Grade to Audit
<input type="checkbox"/>	Change Letter Grade to Pass/Fail Grade
<input type="checkbox"/>	Change Pass/Fail Grade to Letter Grade
<input type="checkbox"/>	Waive \$25 Late Registration Fee
<input type="checkbox"/>	Other (please explain)

<sup>1</sup> For information about dropping and withdrawing from courses, see Academic Regulations 67-69 in the WSU Catalog (<http://catalog.wsu.edu/Catalog/Apps/AcadRegs.ASP>).

**Please check the appropriate boxes and list the specific course information:**

<input type="checkbox"/> Fall of _____ (year)	<input type="checkbox"/> Spring of _____ (year)	<input type="checkbox"/> Summer of _____ (year)
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Add	Drop	Course Prefix and Number	Section Number	Amt of Credits
<input type="checkbox"/>	<input type="checkbox"/>	Course Prefix and Number	Section Number	Amt of Credits
<input type="checkbox"/>	<input type="checkbox"/>	Course Prefix and Number	Section Number	Amt of Credits
<input type="checkbox"/>	<input type="checkbox"/>	Course Prefix and Number	Section Number	Amt of Credits
<input type="checkbox"/>	<input type="checkbox"/>	Course Prefix and Number	Section Number	Amt of Credits
<input type="checkbox"/>	<input type="checkbox"/>	Course Prefix and Number	Section Number	Amt of Credits

**Please continue request on the back of this form.**

**REASONS:** Please describe the reasons for your request. If more space is needed, attach additional comments.  
 Allow 10 business days for your request to be processed. To check the status of your request, please refer to **myWSU** or consult your department.

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<i>Student Signature</i>	<i>Date</i>
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<i>Advisor Name (Print)</i>	<i>Advisor Signature</i>	<i>Date</i>
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<i>Instructor Name (Print)</i>	<i>Instructor Signature</i>	<i>Date</i>
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<i>Instructor Name (Print)</i>	<i>Instructor Signature</i>	<i>Date</i>
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<i>Instructor Name (Print)</i>	<i>Instructor Signature</i>	<i>Date</i>
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<i>Instructor Name (Print)</i>	<i>Instructor Signature</i>	<i>Date</i>
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<i>Instructor Name (Print)</i>	<i>Instructor Signature</i>	<i>Date</i>
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<i>Department Chair Name (Print)</i>	<i>Department Chair Signature</i>	<i>Date</i>
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<i>International Programs (If applicable)</i>	<i>Date</i>
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**For official use only -- do not write in the space below.**

<i>Comments/Dean of the Graduate School:</i>
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Final decision:	DENY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	DATE:
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<i>Dean of Graduate School Signature:</i>
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