

THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

WASHINGTON DC

**Health Sciences Petition Request**

**Date:** \_\_\_\_\_ **GWid: G** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**I hereby PETITION TO:** *[clearly & succinctly describe requested action]*

\_\_\_\_\_  
\_\_\_\_\_

**JUSTIFICATION:** *[if needed, attach a separate sheet to explain the situation & include appropriate supporting documents]*

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

*[Students: Do not write below this line]*

*[For Official Use Only]*

**Approved**    **Considered**    **Denied** \_\_\_\_\_  
*(Signature of faculty advisor)*

**Approved**    **Considered**    **Denied** \_\_\_\_\_  
*(Signature of program director)*

**Granted**    **Conditional**    **Denied**

**Dean's Action/Conditions for granting request:** \_\_\_\_\_

**Dean's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_