

School of Public Health and Health Services
Petition (Graduate Programs)

Name	Degree	Current Program/Specialization
GW ID	Email	Date
Current Address	Phone	Effective Semester

ADMISSIONS PETITIONS <i>Please return to sphjms@gwumc.edu. Admissions will forward for approval to appropriate individuals.</i>	STUDENT RECORDS PETITIONS <i>Please obtain Advisor's signature where (A) is noted, and Instructor's signature where (I) is noted. Then return to Student Records (Ross 222 or fax 994-7893)</i>
<input type="checkbox"/> Waive an "Additional Course"	<input type="checkbox"/> Waive a Required Course (A & I)
<input type="checkbox"/> Readmission	<input type="checkbox"/> Substitute a Course for a Required Course (A & I)
<input type="checkbox"/> Change a Degree to a Certificate	<input type="checkbox"/> Attend Two Schools Simultaneously (A)
<input type="checkbox"/> Transfer Graduate Credits to GW Graduate Transcript before Enrolling (Requires transcript, course name, credits, number, description, and syllabus)	<input type="checkbox"/> Transfer Graduate Credits to GW Graduate Transcript after Enrolling (Requires transcript, course name, credits, number, description, and syllabus) (I)
<input type="checkbox"/> Transfer SPHHS Credits from Non-degree to Graduate Transcript	<input type="checkbox"/> Register for Continuous Enrollment Instead of Continuous Research (A)
<input type="checkbox"/> Change Entry Semester	<input type="checkbox"/> Extend Time Limit for Graduation (A)
<input type="checkbox"/> Add Certificate to Degree	<input type="checkbox"/> Request a Leave of Absence (A)
<input type="checkbox"/> Change Degree Program	<input type="checkbox"/> Drop a Course After the Deadline & Receive Full or Partial Refund
<input type="checkbox"/> Change Program/Specialization	<input type="checkbox"/> Add a Course After the Deadline & Waive Late Fee
<input type="checkbox"/> Change from Certificate to Degree	<input type="checkbox"/> Other (specify)

Specifics: What is your request? (use back of page or extend space electronically if needed)

Rationale: Why are you making this request? (use back of page or extend space electronically if needed)

Required Signatures

Student: _____ Date: _____

Advisor (A): _____ Date: _____

Course Instructor (I): _____ Date: _____

Director of Admissions: Jane M. Smith _____ Date: _____

Associate Dean: _____ Date: _____

For Office Use Only:

Action: Request Approved & Processed Request Pending Student Notified

Request Denied (explain below) Advisor(s) Notified