



Reclassification Petition

Submit to the College of Graduate Studies at the address below.

This form is not approved until **ALL** signatures have been obtained.

In addition to completing this form and obtaining the required signatures, students should submit substantiating evidence in the form of transcripts, letters of recommendation, etc., if pertinent for the consideration of this petition. Students may also wish to attach a statement supporting their request.

PRINT or TYPE

Name: _____ Student ID#: _____

Local address: _____
City State/Country Zip/Postal Code

Contact Information: _____
Email Phone

Degree Information:

Program/Concentration: _____
(Give the exact title of the program as printed in the *Graduate Bulletin*)

Degree: Graduate Certificate Master's Specialist's Doctorate

DO NOT WRITE BELOW THIS LINE

APPROVE DENY

Advisor/Department Chairperson: _____
Signature Print Name Date

Reason for Denial: