

GRADUATE and PROFESSIONAL STUDENT PETITION

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“State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the university collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.”

1	Name: Last First Middle	Current Student Information	Career Program Plan	Petition Effective Term Year
	myUH# / HA# Phone Number	NOTE: Petition must be received by Registration and Academic Records by the published deadline that is prior to the start of the requested effective term. If petition is received after the first class day of the requested effective term, any approved action herein will be effective for the following term.		
UH EMAIL: @UH.EDU Students are required to maintain a valid destination email address in their myUH account				

PURPOSE OF PETITION			
1. Update program status/action (re-admit, term activate, terminate, etc)	2. Admissions status change (from conditional to unconditional)	3. Add new career/academic plan	4. Change career/academic plan
5. Degree requirement exception (provide explanation below)	6. Leave of Absence (provide explanation below)	7. Reinstatement (provide explanation)	8. Late graduate application request
9. Transfer of Credit One Institution per petition Description:	Institution Name City/State/Zip	Start Term: Year: End Term: Year: Hours Previously Transferred: <input type="text"/> Current Transfer Hours: <input type="text"/>	10. Other:

3	EXPLANATION OF REQUEST
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4	STUDENT SIGNATURE _____ Date _____ / _____ / 20____
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5	REQUIRED APPROVALS	ACADEMIC OFFICE USE ONLY	
	Thesis/Dissertation Advisor		COMMENTS
	APPROVED DISAPPROVED	Signature _____ Print Name _____ Date ____/____/____	
	Graduate Chair/Program Director		
	APPROVED DISAPPROVED	Signature _____ Print Name _____ Date ____/____/____	
	Department Chair		
APPROVED DISAPPROVED	Signature _____ Print Name _____ Date ____/____/____		
Graduate Associate Dean/Designee			
APPROVED DISAPPROVED	Signature _____ Print Name _____ Date ____/____/____		
Dean, Graduate School			
APPROVED DISAPPROVED	Signature _____ Print Name _____ Date ____/____/____		