

GRADUATE and PROFESSIONAL STUDENT PETITION

gradschool@uh.edu

"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."

Name: Last First Middle					Current Student Information Career Program Plan Code		Petition Effective Term Year		
myUH ID: Contact Phone Number:					UH EMAIL ALIAS: @UH.EDU Students are required to maintain a valid destination email address in their myUH account				
PURPOSE OF PETITION 1. Update program status/action (term activate, discontinue, etc) 2. Admissions status change (ex: conditional to unconditional) 3.Add new concurrent degree or certificate objective (career/program/plan) 4. Change current degree objective (program/plan) 5. Degree requirement exception or approved course substitution 6. Leave of Absence (include specific term) (Attach supporting documentation) 7.Reinstatement to discontinued career (provide explanation) 8. Request to apply to graduate after the late filing period deadline 9. Transfer Credit [One Institution per petition] Institution Name City/State/Zip Hours Previously Transferred: Transfer Credits on this request: Courses Approved for Transfer: Catalog #: Sem/Qtr Taken: Transfer Credit Awarded: General Elective Credit UH Graduate Course Equivalencies: Catalog #: Catalog #: Catalog #: 10. Change Admit Term 11. Early Submission of Thesis/ Dissertation 12. Other (explain below)									
EXPLANATION OF REQUEST (attach additional documentation as needed)									
STUDENT SIGNATURE DATE Administrative Request									
REQUIRED APPROVALS					ACADEMIC OFFICE USE ONLY				
Graduate Advisor/Commiteeee Chair APPROVED DISAPPROVED Signature Print Name Date ____/____/____					COMMENTS				
Graduate Studies/Program Director APPROVED DISAPPROVED Signature Print Name Date ____/____/____									
Department Chair <i>if required</i> APPROVED DISAPPROVED Signature Print Name Date ____/____/____									
Assoc/Asst Dean for Graduate Studies APPROVED DISAPPROVED Signature Print Name Date ____/____/____									
Vice Provost/Dean of the Graduate School APPROVED DISAPPROVED Signature Print Name Date ____/____/____									