

**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 myUH ID: Contact Phone Number: UH EMAIL ALIAS: @UH.EDU Students are required to maintain a valid destination email address in their myUH account	Current Student Information Career Program Plan Code	<b>Petition Effective</b> Term Year
<small>NOTE: Unless otherwise stated and approved, all petitions are effective at the start of the next academic term. All administrative actions become effective the day they are processed, unless otherwise stipulated and approved via petition. All petitions should be submitted to the advising office in the department of their degree objective to begin the approval process.</small>		

**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] <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Institution Name</td> <td style="width:25%;">Hours Previously Transferred: <input type="text"/></td> <td colspan="2"></td> </tr> <tr> <td>City/State/Zip</td> <td>Transfer Credits on this request: <input type="text"/></td> <td colspan="2"></td> </tr> </table>		Institution Name	Hours Previously Transferred: <input type="text"/>			City/State/Zip	Transfer Credits on this request: <input type="text"/>			10. Change Admit Term													
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				12. Other (explain below)																			

**EXPLANATION OF REQUEST**

(attach additional documentation as needed)

**STUDENT SIGNATURE**

Please type your name as your signature.

**DATE**

**Administrative Request**

**REQUIRED APPROVALS**

**ACADEMIC OFFICE USE ONLY**

**Graduate Advisor/Committee Chair**

APPROVE DISAPPROVE Print Name Date Signature

**Graduate Studies/Program Director**

APPROVE DISAPPROVE Print Name Date Signature

**Department Chair if required**

APPROVE DISAPPROVE Print Name Date Signature

**Assoc/Asst Dean for Graduate Studies**

APPROVE DISAPPROVE Print Name Date Signature

**Vice Provost/Dean of the Graduate School**

APPROVE DISAPPROVE Print Name Date Signature

**COMMENTS**