

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# / HA# Phone Number UH EMAIL: @UH.EDU Students are required to maintain a valid destination email address in their myUH account	Current Student Information Career Program Plan	Petition Effective Term Year
NOTE: Petition must be received by Office of the University Registrar 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.		

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) (Attach supporting documentation)	7. Reinstatement (provide explanation) (Attach supporting documentation)	8. Late graduate application request
9. Transfer of Credit [One Institution per petition] Institution Name City/State/Zip Description:	Start Term: Year: End Term: Year: Hours Previously Transferred: <input type="text"/> Current Transfer Hours: <input type="text"/>	10. Other:	

EXPLANATION OF REQUEST

STUDENT SIGNATURE _____ Date _____/_____/20____

REQUIRED APPROVALS	ACADEMIC OFFICE USE ONLY
Thesis/Dissertation/Graduate Advisor APPROVED DISAPPROVED Signature Print Name Date ____/____/____	COMMENTS
Graduate Chair/Program Director APPROVED DISAPPROVED Signature Print Name Date ____/____/____	
Department Chair APPROVED DISAPPROVED Signature Print Name Date ____/____/____	
Graduate Assoc. Dean/Designee APPROVED DISAPPROVED Signature Print Name Date ____/____/____	
Dean, Graduate School APPROVED DISAPPROVED Signature Print Name Date ____/____/____	