Office of Graduate Studies



Comments:

Petition for Exception

Please be sure that you have the required signatures from your Department before the form is submitted to the Office of Graduate Studies, RFC-215

Sac State ID:	Telephone:(Area Code)	
Legibly PRINT name and address below:	Class Level (check one):	
	Graduate - Indicate name of degree program:	
First Name Last Name		
Street Address / Apt	☐ Doctorate - Indicate name of degree program:	
City State Zip		
Advisor:		
Print Name	Print Name	
Committee Members:	Print Name	
☐ Course Substitutions: Previous Course / Units:		
New Course / Units:		
	rses must be in excess of Bachelor's degree; no more than six (6) units are rgraduate courses must have been taken during the <u>last semester</u> as an .e., CE232 - Stability of Structures, 3 units):	
Course Name	Course Number Units	
Course Name Change from (check one): ☐ Thesis to Project ☐ Thesis/Project to Comprehensive Exam	Course Number Units Project to Thesis Comprehensive Exam to Thesis/Project	
	mmittee members must print & sign in the approval section below.	
New Committee Member(s):		
☐ Change in Dissertation / Thesis / Project Advisor. Previous	is and new member must print & sign in the approval section below:	
☐ Previous Dissertation/Thesis/Project Advisor:	Date:	_
☐ New Dissertation / Thesis / Project Advisor:	Date:	_
Other Exceptions:		
Student's Signature:	Date:	
	RTMENT APPROVAL	
Petition: Approved	☐ Denied	_
Faculty Advisor Date	** Faculty Advisor Date	
* Graduate Coordinator: Date		
	and Advisor and Faculty Sponsor signatures required for Special Majors candidates only.	
OFFICE OF GRA	ADUATE STUDIES APPROVAL	
Graduate Dean:	Date:	
	Oct-16	,