

Office of Graduate Studies

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	Print Name					
☐ Course Substitutions: Previous Course / Units:						
New Course / Units:						
	s must be in excess of Bachelor's degree; no more than six (6) units are aduate courses must have been taken during the <u>last semester</u> as an , CE232 - Stability of Structures, 3 units):					
Course Name	Course Number Units					
Course Name	Course Number Units					
☐ Change from (check one):						
☐ Thesis to Project	Project to Thesis					
☐ Thesis/Project to Comprehensive Exam	Comprehensive Exam to Thesis/Project					
Change in Special Major Adviser or Committee. New comm i	ittee members must print & sign in the approval section below.					
Previous Committee Member(s):						
New Committee Member(s):						
☐ Change in Dissertation / Thesis / Project Advisor. Previous a	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:					
DEPART	MENT APPROVAL					
Petition: Approved	☐ Denied					
Faculty Advisor Date	Graduate Coordinator Date					
* Signature must be a tenure or tenure-track faculty member. ** Second Advisor & Faculty Sponsor signatures required for Special Majors candidates only. OFFICE OF GRADUATE STUDIES APPROVAL						
Petition: Approved						
Graduate Dean:	Date:					
Comments:						
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