EMERSON
COLLEGE
Graduate Studies

PETITION

Name _____ Date _____
(Last) (First) (M.I.)

Emerson ID# _____ Social Security # _____

Current Address _____ Program/Department _____

_____ Phone #

_____ Home ( ) _____

_____ Work ( ) _____

I respectfully request _____

_____

_____

My reasons for making this request are _____

_____

_____

Student's Signature **Date**

DEPARTMENT _____ ***Approved*** _____ ***Denied***

Comments _____

_____

Graduate Program Director **Date**

GRADUATE STUDIES _____ ***Approved*** _____ ***Denied***

Comments _____

_____

Director of Graduate Studies **Date**

White - Registrar Yellow - Graduate Studies Pink - Grad. Program Director Gold - Student