



PETITION: ASSISTANTSHIP POLICY

This form should be completed by the department for students petitioning assistantship requirements.

Form Completed by: _____

STUDENT INFORMATION

Student Name

Banner ID

Degree Program

Semester/Year Admitted

Academic Standing: _____

Master's Doctoral

JUSTIFICATION

GRADUATE ADVISOR OF RECORD OR DOCTORAL COMMITTEE CHAIR

Graduate Advisor of Record or Doctoral Committee Chair, Signature _____
Date

Approve Disapprove

DEPARTMENT CHAIR

Department Chair, Signature _____
Date

Approve Disapprove

ASSOCIATE DEAN

Associate Dean, Signature _____
Date

Approve Disapprove

DEAN OF THE GRADUATE SCHOOL

Vice Provost & Dean of The Graduate School, Signature _____
Date

Approve Disapprove

Comments: