



## PETITION: ASSISTANTSHIP POLICY

### STUDENT INFORMATION

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Banner ID*

\_\_\_\_\_  
*Degree Program*

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: