



PETITION TO THE GRADUATE COUNCIL

*THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY—PARTIAL FORMS WILL BE RETURNED.

APPLICANT

Full Name

Requesting UTSA Department

Requesting College

JUSTIFICATION

APPROVALS

Graduate Program Chair, Signature

Print Name

Date

Approve Disapprove

Department Chair, Signature

Print Name

Date

Approve Disapprove

Associate Dean, Signature

Print Name

Date

Approve Disapprove

THE GRADUATE SCHOOL

Vice Provost and Dean of The Graduate School, Signature

Date

Approve Disapprove

THE GRADUATE COUNCIL

Chair of the Graduate Council or Chair of the Membership Committee, Signature

Date

Approve Disapprove