

Complete form and return to 324 French Administration Building or mail to:
Graduate School
P. O. Box 641030
Pullman, WA 99164-1030

For questions regarding Add/Drop: 509-335-1446
Cancellations: 509-335-1446
Financial Questions: 509-335-5165

GRADUATE STUDENT PETITION FORM WASHINGTON STATE UNIVERSITY

1. Fill out this petition form completely and accurately. Return completed form to the Graduate School.
2. Contact your department directly for the final decision of your petition that is recorded on this form.

Name (Last, First, M) _____ ID Number _____
E-Mail Address _____ Phone (____) _____
Campus: ____ Pullman ____ Tri-Cities ____ Vancouver ____ Spokane ____ Global Department: _____

- ☐ Check here if you are WSU faculty or staff
- ☐ Check here if you have a Graduate Assistantship (If on an assistantship, you cannot DROP courses below 10 credits)
- ☐ Check here if you are an International Student (If yes, you will need OISS approval)

Please check the appropriate box: (Requires Instructor/Advisor and Department Chair Approval)

- ☐ Add course(s)
- ☐ Drop Course(s) – (normal drop deadline is the 30th day of the semester)¹
- ☐ Withdraw from Course(s) – (normal withdrawal period is from the 31st day through the 9th week)¹

Cancellation of Enrollment: If you want/need to withdraw from all your classes for the current term, go to <http://www.cancel.wsu.edu> and personally cancel your enrollment.

- ☐ My cancellation of enrollment has been processed and I am now petitioning for the following (please explain)
- ☐ Add Audit Course ☐ Change Letter Grade to Audit
- ☐ Change Letter Grade to Pass/Fail Grade ☐ Change Pass/Fair Grade to Letter Grade
- ☐ Waive \$25 Late Registration Fee
- ☐ Other (Please Explain) _____

¹ For information about dropping and withdrawing from courses, see Academic Regulations 67-69 in the WSU Catalog
<http://www.cataog.wsu.edu/General/AcademicRegulations/ListBy/67-69>.

Please check the appropriate boxes and list the specific course information:

	Fall of _____ (year)	Spring of _____ (year)	Summer of _____ (year)
Add	Drop	Withdraw	
_____	_____	_____	Course Prefix and Number _____ Section Number _____ # of Credit _____
_____	_____	_____	Course Prefix and Number _____ Section Number _____ # of Credit _____
_____	_____	_____	Course Prefix and Number _____ Section Number _____ # of Credit _____
_____	_____	_____	Course Prefix and Number _____ Section Number _____ # of Credit _____
_____	_____	_____	Course Prefix and Number _____ Section Number _____ # of Credit _____

Reasons: Please describe the reasons for your request. If more space is needed, attach additional comments. Allow 10 business days for your request to be processed. To check the status of your request, please refer to Zzusi or consult your department.

Student Signature_____Date_____

Advisor Name	Advisor Signature	Date
_____	_____	_____
Instructor Name	Instructor Signature	Date
_____	_____	_____
Instructor Name	Instructor Signature	Date
_____	_____	_____
Instructor Name	Instructor Signature	Date
_____	_____	_____
Instructor Name	Instructor Signature	Date
_____	_____	_____
Instructor Name	Instructor Signature	Date
_____	_____	_____
Department Chair Name	Department Chair Signature	Date
_____	_____	_____
International Programs (if applicable)		Date
_____	_____	_____

For official use only. Do not write in the space below

Comments/Dean of the Graduate School

Final Decision: DENY_____ APPROVE_____ DATE:_____

Dean, Graduate School Signature:_____