

For questions, please contact the following:

Add/Drop: 509-335-1446

Cancellations: 509-335-1446

Financial: 509-335-5165

Email: gradschool@wsu.edu



Graduate School

GRADUATE STUDENT PETITION FORM

INSTRUCTIONS FOR FILLING OUT THIS FORM:

Fill out this petition form completely and accurately. Submit completed form to your department's Academic Coordinator for departmental review and subsequent forwarding to the Graduate School. You will be notified of a decision via email.

Name (Last, First, M): _____ WSU ID: _____ Date: _____

E-Mail Address: _____ Phone: _____

Campus: _____ Department/Program: _____

Check here if you are WSU faculty or staff

Check here if you have a graduate assistantship or fellowship (If on an assistantship or fellowship, you cannot DROP below 10 credits)

Check here if you are an International student (If so, you will need OISS approval)

PLEASE CHECK THE APPROPRIATE BOX: (Requires Instructor/Advisor and Departmental 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 of the semester)¹

CANCELLATION OF ENROLLMENT: **If you want/need to withdraw from classes for the current term, go to www.cancel.wsu.edu**

My cancellation of enrollment has been processed and I am petitioning for the following:

ADD AUDIT COURSE (option is only valid until the 30th day of the semester)

CHANGE LETTER GRADE TO AUDIT (option is only valid until the 30th day of the semester)

CHANGE LETTER GRADE TO PASS/FAIL GRADE

CHANGE PASS/FAIL GRADE TO LETTER GRADE

WAIVE LATE REGISTRATION FEE

OTHER - Please provide explanation below:

¹ For information about dropping and withdrawing from courses, see Academic Regulations 67-69 in the WSU Catalog, available at [www.catalog.wsu.edu/General/Academic Regulations](http://www.catalog.wsu.edu/General/Academic%20Regulations).

PLEASE CHECK THE APPROPRIATE BOXES AND LIST THE SPECIFIC COURSE INFORMATION:

FALL: _____ (Year)

SPRING: _____ (Year)

SUMMER: _____ (Year)

ADD: DROP: WITHDRAW: COURSE PREFIX/NUMBER: _____ CLASS NUMBER: _____ CREDITS: _____

ADD: DROP: WITHDRAW: COURSE PREFIX/NUMBER: _____ CLASS NUMBER: _____ CREDITS: _____

ADD: DROP: WITHDRAW: COURSE PREFIX/NUMBER: _____ CLASS NUMBER: _____ CREDITS: _____

ADD: DROP: WITHDRAW: COURSE PREFIX/NUMBER: _____ CLASS NUMBER: _____ CREDITS: _____

ADD: DROP: WITHDRAW: COURSE PREFIX/NUMBER: _____ CLASS NUMBER: _____ CREDITS: _____

RATIONALE: Please describe the reasons for your request. Attach additional documents if necessary. Allow 10 business days for the Graduate School to process your request. To check the status of your request, please refer to myWSU or consult your department.

_____ STUDENT NAME	_____ STUDENT SIGNATURE	_____ DATE
_____ ADVISOR/COMMITTEE CHAIR NAME	_____ ADVISOR/COMMITTEE CHAIR 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 NAME (If Applicable)	_____ INTERNATIONAL PROGRAMS SIGNATURE (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: _____