Department of Political Science

GRADUATE STUDENT PETITION FORM

Student Information

Today's Date _____

Name_____ **NU-ID#**_____

Local Address _____

_____

E-mail _____ **Phone#** _____

Program (Circle One) **MA/** **MS SRS/** **PhD**

Request

Please outline your request below or on attached petition. Certain special circumstances, (such as transfer credits, directed studies, etc.) require different forms be completed with The CSSH Graduate Student Academic Services. If uncertain what steps to take, please refer to the department program guide or contact the Graduate Program Administrator.

_____

_____

_____

_____

Signatures

Please read the following and sign below: To the best of my knowledge, all the above and attached information is correct. Additionally, I acknowledge that I have read and understand all relevant program requirements as outlined in the program guide for the year in which I started my current graduate program, as well as any other official Northeastern regulations as outlined in other student handbooks.

_____

(Student Signature) **(Date)**

Other Required Signatures

_____

Academic Advisor*- Printed Name **(Signature)** **(Date)**

_____

Graduate Program Director- Printed Name **(Signature)** **(Date)**

*or other relevant faculty person consulted regarding petition