

Pacific Lutheran University
Office of Graduate Studies
Petition

Student Name: _____ PLU ID: _____
Student Address: _____ Phone: _____
City, State, Zip: _____
Degree Program: _____
Concentration _____ Advisor _____

I request the following action:

- Consider Transfer Credits (attach official transcripts and list the courses to be transferred under "reasons for request" section below)
- Change of Concentration to: _____
- Change of Advisor to: _____
- Other: _____

Reasons for requesting the change:

Student Signature: _____ Date: _____

	Signature:	Date:	Recommendation:	
Instructor / New Advisor:	_____	/ /	<input type="checkbox"/> Accept	<input type="checkbox"/> Deny
Concentration Coordinator:	_____	/ /	<input type="checkbox"/> Accept	<input type="checkbox"/> Deny
Program Dean / Director:	_____	/ /	<input type="checkbox"/> Accept	<input type="checkbox"/> Deny

Final Action: Accept Deny

Dean of Graduate Studies

/ /
Date