

Pacific Lutheran University  
Office of Graduate Programs and Continuing Education  
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

Sign \_\_\_\_\_ Date \_\_\_\_\_  
Associate Provost for Graduate Studies and Continuing Education