

Department of Psychology

Graduate Student Petition

Name:	ID #	ID #	
Email:	Faculty Mentor:		
Program:	Major:		
Purpose of Petition:			
Explanation of Request:			
Student Signature:		Date:	
(Print)	(Signature)		
Faculty Mentor Signature:	(C:	Date:	
GSC Chair Signature:	(Signature)	Date:	
If Approved:			
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Department Chair Signature: (Print)	(Signature)	Date:	