

## GRADUATE SPECIAL PETITION EXCEPTION TO ONE-CREDIT THESIS DEFENSE REQUIREMENT

## **Instructions for Submittal**

**Students are responsible for obtaining all necessary signatures** and delivering this form to the Office of Graduate Studies. Please direct any questions or concerns to the Office of Graduate Studies: <a href="mailto:gradstu@uwgb.edu">gradstu@uwgb.edu</a> or (920) 465-2123.

- 1.) Students must complete all sections on the first two sections of this form, sign, save, and secure required signatures.
- 2.) Students may attach appropriate documentation.
- 3.) The completed form must then be sent to the Director of Graduate Studies at gradstu@uwgb.edu.
- 4.) The final decision will be posted to the memorandum section of your transcript.

| STUDENT INFORMATION:   |                              |   |  |  |
|--|------------------------------|---|--|--|
| First Name   | Middle Name                  |   | Last Name                                |  |
|  |                              |   |  |  |
| Student ID#  |                              | Campus E-   | mail                                     |  |
| Phone  |                              | Address   |  |  |
| City   |                              | State   |  |  |
| Zip Code   |                              |   |  |  |
| Please select your program   |                              |   |  |  |
| Current Academic Status (select one)  Cumulative GPA   |                              | Earned Cre  | edits                                    |  |
| To be considered for exception to the one-credit thesis defense requirement, student must have previously registered for six or more thesis credits. |                              |   |  |  |
| Address the following questions:   |                              |   |  |  |
| My thesis committee chair is:  |                              | Have you met with your chair or advisor and discussed this request? |  |  |
|  |                              | Yes   | No                                       |  |
| Please explain the reason that you are   | unable to defend by the last | t day of class  | es of this term. (Limit 2500 Characters) |  |

| I request to  |  |  |  |  |  |
|---|--|--|--|--|--|
| schedule my<br>thesis defense<br>on   |  |  |  |  |  |
|   | w, I agree to pay any and all additional tuition and all additional tuition and all additional tuition and all additional tuition are some some some some some some some som | and fees or penalties resulting from approval of this petition. Please u have any questions. |  |  |  |
| Student's Electronic Signature  |  | Date (mm/dd/yyyy)  |  |  |  |
|   |  |  |  |  |  |
| Students are encouraged to seek the supporting signature of their program, thesis or project advisor. |  |  |  |  |  |
| SUPPORTING  | G SIGNATURE: (Complete by Program C  | hair, Major Professor or Project Advisor)  |  |  |  |
| The reason stated above is correct and I support the request.   |  |  |  |  |  |
| I do not support the request.   |  |  |  |  |  |
| Comment: (Lim   | nit 2250 Characters)   |  |  |  |  |
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|   |  |  |  |  |  |
| Major Professor   | r or Project Advisor's Electronic Signature  | Date (mm/dd/yyyy)  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| A COTTON DAY  |  |  |  |  |  |

## ACTION BY THE OFFICE OF GRADUATE STUDIES: (For Office Use Only)

Petition

Approved

Denied

Decision:

Action: (Limit 2250 Characters)

| Director of Graduate Studies' Electronic Signature | Date (mm/dd/yyyy) |
|--|-------------------|
|  |                   |