

GRAD/PROF PETITION for POSTHUMOUS DEGREE

gradschool@uh.edu

STUDENT

JRE

"State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the university collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect."

Name:		Current 04 Student Information		Career 15 Program	25	Petition Effective Term Year	
Last		First		Middle		Plan Code	
myUH ID:		Contact Phone Number:					
UH EMAIL:		@UH.EDU Students are required to maintain a valid destination email address in their myUH account					
PURPOSE OF PETITION							
1. Update program status/action (defer, term activate, discontinue, etc)		2. Admissions status change (ex: conditional to unconditional)		3. Add new concurrent degree objective (career/program/plan)		4. Change current degree objective (program/plan)	
5. Degree requirement exception (provide explanation below)		6. Leave of Absence (provide explanation) (Attach supporting documentation)		7. Reinstatement to discontinued career (provide attached explanation)		8. Request to apply to graduate after the late filing period deadline	
9. Transfer Credit [One Institution per petition]		Institution Name City/State/Zip		Start Term: Year: End Term: Year:		10. Other:	
Description of Credit				Hours Previously Transferred: <input type="text"/>		Requested Transfer Hours: <input type="text"/>	
EXPLANATION OF REQUEST							
STUDENT SIGNATURE _____ Date ____/____/20____							
REQUIRED APPROVALS				ACADEMIC OFFICE USE ONLY			
Thesis Advisor or Department Chair				COMMENTS			
APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____							
Dean of the College							
APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____							
Vice Provost/Dean of the Graduate School							
APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____							
Senior Vice President/Provost							
APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____							
President							
APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____							