

LEHIGH UNIVERSITY

Graduate Student Program Petition

Name _____

Student I.D. # _____ / _____ / _____

Local Address _____

Network I.D. _____

Department _____

Local Phone _____

Please print legibly. This form will be used in a window envelope.

I respectfully request:

Reasons: _____

Student Signature: _____

Date: _____

Please use the back of this form for additional space.

After obtaining all appropriate signatures please forward this form to the Office of the Registrar.

Referred to:	e-mail address	Date	Recommendations
Advisor:			
Graduate Coordinator:			
Department Chair:			
Dean's Office:			

REGISTRAR'S ACTION: APPROVED DENIED DATE _____ INITIALS _____

Other comments or conditions: _____
