

JDP PROGRAM PETITION FORM

(To the Student: Consult your Advisor and secure his/her signature. When requesting an alteration in a course pattern or requirements, consult the professor(s) involved and secure his/her initials indicating approval before submitting the completed petition to the Joint Ph.D. Office)

STUDENT _____ DATE _____

CONCENTRATION _____

1. I ASK THE COMMITTEE TO MAKE THE FOLLOWING CHANGE IN THE NORMAL REQUIREMENTS OR PROCEDURES FOR MY PROGRAM OF STUDY:

2. THE REASONS FOR MY REQUEST ARE:

Advisor's and/or Instructor's Signature_____
Student's Signature_____
Date Action Taken_____
Director's Signature