

PETITION TO WAIVE/CHANGE REQUIREMENTS TO CANDIDACY

Date: _____

Last Name: _____

First Name: _____

UMID: _____

Year Entered Program: _____

Thesis Advisor: _____

*Attach a completed "Progression to Candidacy" checklist

Please explain what requirement you are asking to change or waive and why you need it changed or waived:
(Attach sheet of paper if more space needed.)

Comments from Associate Grad Chair:

Student Signature

Assoc. Grad Chair Signature