



PETITION TO THE DIVISION OF GRADUATE STUDIES
 ARIZONA STATE UNIVERSITY
 DIVISION OF GRADUATE STUDIES

Name (Last, First, Middle)	ID No.	Phone ()	Date
Local Address		Email	
City, State, Zip		Degree	
Major or Specialization			

REQUEST WITH JUSTIFICATION:

Note: If you are requesting an overload, please complete the following: TA RA _____ % of assistantship

Total # work hours per week requested (maximum 30) _____ **Total # credit hours requested** _____

Student Signature:

In addition to your signature, please indicate approved (A) or disapproved (D):

A	D		A	D				
		Committee Chair: Signature:	Date			Committee Member: Signature:	Date	
		Committee Member: Signature:	Date			Head of Academic Unit: Signature:	Date	Mail Code
		Committee Member: Signature:	Date			Dean of the Division of Graduate Studies: Signature:		
		Committee Member: Signature:	Date		Comments:			