



grand view university
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Petition to the Faculty Committee on Academic Advising and Progression for Change in Graduation Requirements

Petition Requirements

Complete this form and provide additional documents as outlined.

Name

Phone Number

Street Address

City

State

Zip

Major

Year in School

Graduation requirement(s) addressed in your petition:

Student Signature _____ Date _____

State the nature of your request below. Elaborate on the special circumstances pertinent to your situation. Be certain to provide adequate information so that we can clearly understand your problem. This might include attaching letters of support, course descriptions, syllabi, transcripts or any other document that would support your petition.

Advisor's Signature _____ Date _____

Comments (Very important)

Department Head's Signature _____ Date _____

Comments

Division Head's Signature _____ Date _____
Comments

The committee meets monthly to consider all petitions presented. You will be notified in writing of the committee's decision. Your advisor will also receive written notification and a copy will be added to your permanent record.

Please submit your request one week prior to the meeting date to: Ms. Carolyn Hudgens, Chair; Wellness Center; 263-2863.