

GRAD/PROF PETITION for POSTHUMOUS DEGREE
gradschool@uh.edu

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the university collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.

Name: Last First Middle myUH ID: Contact Phone Number: UH EMAIL: @UH.EDU Students are required to maintain a valid destination email address in their myUH account	Current Student Information Career Program Plan Code	Petition Effective Term Year
NOTE: Unless otherwise stated and approved, all petitions are effective at the start of the next academic term. All administrative actions become effective the day they are processed, unless otherwise stipulated and approved via petition. All petitions should be submitted to the advising office in the department of their degree objective to begin the approval process.		

PURPOSE OF PETITION			
1. Update program status/action (defer, term activate, discontinue, etc)	2. Admissions status change (ex: conditional to unconditional)	3. Add new concurrent degree objective (career/program/plan)	4. Change current degree objective (program/plan)
5. Degree requirement exception (provide explanation below)	6. Leave of Absence (provide explanation) (Attach supporting documentation)	7. Reinstatement to discontinued career (provide attached explanation)	8. Request to apply to graduate after the late filing period deadline
9. Transfer Credit [One Institution per petition] Institution Name City/State/Zip Description of Credit	Start Term: Year: End Term: Year: Hours Previously Transferred: <input type="text"/> Requested Transfer Hours: <input type="text"/>	10. Other:	

EXPLANATION OF REQUEST

STUDENT SIGNATURE _____ Date _____/_____/20____

REQUIRED APPROVALS	ACADEMIC OFFICE USE ONLY
Thesis Advisor or Department Chair APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____	COMMENTS
Dean of the College APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____	
Vice Provost/Dean of the Graduate School APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____	
Senior Vice President/Provost APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____	
President APPROVED DISAPPROVED Signature _____ Print Name _____ Date ____/____/____	