LEHIGH UNIVERSITY

Graduate Student Program Petition

Student I.D. # _____/_____/_____

Name _____ Network I.D. _____

Local Address _____ Department _____

_____ Local Phone _____

Please print legibly. This form will be used in a window envelope.

I respectfully request: _____

_____

_____

_____

Reasons: _____

_____

_____

_____

Student Signature: _____ Date _____

Please use the back of this form for additional space.

After obtaining all appropriate signatures please forward this form to the Office of the Registrar.

Referred to:	Date	Recommendations
Advisor:		
Graduate Coordinator:		
Department Chair:		
Dean's Office:		

REGISTRAR'S ACTION: APPROVED ☐ DENIED ☐ DATE _____ INITIALS ____

Other comments or conditions: _____

_____

_____