



# GRADUATE STUDIES PETITION FORM

Program : \_\_\_\_\_  
Semester : \_\_\_\_\_ / \_\_\_\_\_  
Staff's name : \_\_\_\_\_

Fill up your request clearly and completely. Petitions will be accepted unless all sections are complete. This petition may be used to request several actions by the University. A separate petition is required for each request and covered only the specific request you are making.

Mr. \_\_\_\_\_  
 Ms. First Name \_\_\_\_\_ Surname \_\_\_\_\_ Student's ID no. \_\_\_\_\_  
Phone : \_\_\_\_\_ E-mail : \_\_\_\_\_

### Concentration you have chosen: (for MBA Students)

Non-concentration (General Mgt)     Marketing     Finance     Entrepreneurship     Retail Management  
 Information Security Management     Others \_\_\_\_\_

**Study Plan**     Plan A : Thesis Option     Plan B : Non-Thesis Option

### 1. I request for

Add Course(s)     Change Course(s)     Change Section     Maintain Student Status  
 Withdraw Course(s)     Change Program     Transfer of Credit(s)     Late payment  
 Refund     Audit course for Comprehensive     Others \_\_\_\_\_

State specific request, outlining completely, pertinent facts, details and reasons to support your request. Attach additional document / sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Conditions Acknowledgement (sign your name to acknowledge and accept the condition)

#### University's fee / charge

Receipt no. \_\_\_\_\_  
Amount \_\_\_\_\_  
Staff signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*"I hereby testify that the aforementioned information is true and valid, and will accept any disciplinary actions rendered by the university should there be adequate proof of evidence that the information as well as documents provided are unauthentic"*

Student's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Advisor /Lecturer / OGS Recommendation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Academic Action by the Dean or Program Director

Approved     Denied

signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

----- Tear off slip for student -----

Fill out this part.

### 3. Graduate Studies Petition

Program : \_\_\_\_\_

Mr. \_\_\_\_\_  
 Ms. First Name \_\_\_\_\_ Surname \_\_\_\_\_ Student's ID no. \_\_\_\_\_

#### I Request for

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Staff only

To hear the result, contact the Office of Graduate Studies or call at 0 23004543-62 ext. \_\_\_\_\_

Contact person \_\_\_\_\_

Staff \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Note: All students must keep this TEAR OFF slip for checking the result of any petition. If you do not have the slip, you have to do all process again.