

Mansfield University of Pennsylvania  
Mansfield, PA 16933

**GRADUATE STUDIES PETITION**

**Program variance:** Under special circumstances and with clear justification, curriculum requirements may be modified. A department chairperson may substitute or waive major course requirements by informing the Enrollment Services Office in writing of such requested program changes. Graduate degree students may also petition the Associate Provost for other program variances.

**Waiver of University policies or regulations:** When any rule or regulation of the University causes an unfair hardship, you may petition the Associate Provost for an exception. Your request should be neatly typed and include a carefully worded justification that supports your request. Additional documentation may be attached. You should contact your advisor for assistance in preparation of a petition. Petitions will normally be reviewed within 2 weeks.

\_\_\_\_\_  
Last Name                      First Name                      M.I.

\_\_\_\_\_  
Student ID Number                      Date

\_\_\_\_\_  
Local Address

\_\_\_\_\_  
Local Telephone Number

\_\_\_\_\_  
Major

Total Graduate Credits Earned at Mansfield University \_\_\_\_\_  
Total Graduate Credits Earned in Transfer \_\_\_\_\_  
Graduate QPA \_\_\_\_\_

**Please identify the problem and recommended solution:**

If necessary, attach extra sheets of paper.

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**By signing my name below, I attest that the information I am providing in conjunction with this petition is a truthful and accurate representation of my circumstances. I understand that a determination of misrepresentation may result in my suspension or dismissal from Mansfield University.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

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First (Advisor): \_\_\_\_\_

I support                       I do not support

\_\_\_\_\_  
Date

Advisor

Comments: \_\_\_\_\_

Second (Department Chairperson): \_\_\_\_\_

I support                       I do not support

\_\_\_\_\_  
Date

Department Chairperson

Comments: \_\_\_\_\_

Third: \_\_\_\_\_

\_\_\_\_\_  
Date

Associate Provost/Provost

Comments: \_\_\_\_\_

*Return To: Enrollment Services, 224 South Hall*