GENERAL GMS PETITION FORM
(extension of time, other)

Students should complete this form and return to the GMS office.

PETITION

____ Extension of Time

____ Other

Date

To the Faculty:

__________________________________________________________________________________
__________________________________________________________________________________
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Department/Program

Name (printed)

Major Professor

BU ID#

Address

E-mail

Signed

Approved
Not Approved

Action of Associate Provostn of Graduate Medical Sciences:

Approved _____ Not Approved _____

Major Professor’s Signature

Approved
Not Approved

Comments:

Chairman’s/Director’s Signature

Date _________________