



**BOSTON UNIVERSITY SCHOOL OF MEDICINE
DIVISION OF GRADUATE MEDICAL SCIENCES**

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:

Department/Program

Major Professor

Name (printed)

BU ID#

Address

E-mail

Signed

Approved
Not Approved

Action of Associate Provost of
Graduate Medical Sciences:

Approved _____ Not Approved _____

Major Professor's Signature

Approved
Not Approved

Comments:

Chairman's/Director's Signature
Date _____

