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  Name (printed)

__________________________________ ___________ _____________________________
Major Professor  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:

Chair’s/Director’s Signature

Approved  Not Approved

Date  _________________