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

Major Professor’s Signature

________________________________________

Approved  Not Approved

Chair’s/Director’s Signature  Date

Action of Associate Provost of Graduate Medical Sciences:

Approved _____  Not Approved _____

Comments:

__________________________________________________________________________________