



**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:

\_\_\_\_\_  
Chair's/Director's Signature  
Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_