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

Action of Associate Provost of Graduate Medical Sciences:

Approved  Not Approved

Major Professor’s Signature

Approved  Not Approved

Chair’s/Director’s Signature  Date

Approved Comments:

______________________________
______________________________
______________________________

Revised 1/26/22 KF