



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 Dean of
Graduate Medical Sciences:

Approved _____ Not Approved _____

_____ Major Professor's Signature

Approved
Not Approved

Comments:

_____ Chair's/Director's Signature
Date _____

_____ Associate Dean Signature and Date