THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER
WASHINGTON DC

School of Public Health and Health Services

Undergraduate Petition

Name	**Degree** Bachelor of Science (BS)	**Current Major**
GW ID	**Email**	**Date**
Current Address	**Phone**	**Effective Semester**

ADMISSIONS PETITIONS ***Please return to sphjms@gwumc.edu . Admissions will forward for approval to appropriate individuals.***	**STUDENT RECORDS PETITIONS** ***Please obtain Advisor's signature where (A) is noted, and Instructor's signature where (I) is noted. Then return to Student Records (Ross 222 or fax 994-7893)***
☐ Readmission	☐ Substitute a Course for a Required Course (A & I)
☐ Change Major within SPHHS	☐ Drop a Course after the Deadline with no W (A)
☐ Change BS Exercise Science Concentration	☐ Add a Course after the Deadline & Waive Late Fee (A)
☐ Transfer Credits to GW Transcript before Enrolling (Requires transcript, course name, credits, number, description, and syllabus)	☐ Withdraw from a Course with a Grade of "W" (A)
☐ Change Entry Semester	☐ Request a Leave of Absence (A)
	☐ Other (specify)

Specifics: What is your request? (use back of page or extend space electronically if needed)

Rationale: Why are you making this request? (use back of page or extend space electronically if needed)

Required Signatures

Student: _____ Date: _____

Advisor (A): _____ Date: _____

Course Instructor (I): _____ Date: _____

Director of Admissions: _____ Date: _____

Associate Dean: _____ Date: _____

For Office Use Only:

Action: ☐ **Request Approved & Processed** ☐ **Request Pending** ☐ **Student Notified**

☐ **Request Denied (explain below)** ☐ **Advisor(s) Notified**