

PETITION FOR ACTION (GRADUATE)
SCHOOL OF ENGINEERING AND APPLIED SCIENCE
 University of Pennsylvania

Date of Petition _____

Name of Petitioner: _____ PENN ID #: _____

Email: _____

Department: _____ Name of Faculty Advisor: _____

Term in which this petition will impact: FALL SPRING SUMMER Year: _____

Request **Withdrawal** from the School of Engineering & Applied Science and the University of Pennsylvania.

(PhD students on dissertation are NOT permitted.)

(Note: All courses must be dropped for the term of Withdrawal.) Reinstatement dependent upon departmental and SEAS approval.

Other. Please concisely state your request:

 Please provide a brief and concise explanation of your request for LOA, Withdrawal, or Other. *(You can attach an addendum to this petition for more space if needed)*

Signed (Petitioner): _____

(Please submit to your department for Advisor and Chair signatures)

Faculty Advisor Approval _____ Date _____

Graduate Group Chair Approval _____ Date _____

Petition Decision: **Approved** **Disapproved**

 Associate Dean, RAS Date _____