

This form is to be filled out by you and returned to this office before being signed by your major professor and department chairman/program director. Their signatures will be obtained by the Division Office.

Use typewriter or ball point pen.

**DIVISION OF GRADUATE MEDICAL SCIENCE
BOSTON UNIVERSITY SCHOOL OF MEDICINE**

PETITION

_____ Extension of Time
_____ Grade Change
_____ Other

_____ Date

To the Faculty:

_____ Department/Program

_____ Major Professor

_____ Name (printed)

_____ BU ID#

_____ Address

_____ E-mail

_____ Signed

_____ Major Professor's Signature

Approved
Not Approved

Action of Associate Dean of
Graduate Medical Sciences:

Approved _____ Not Approved _____

_____ Chairman's/Director's Signature

Approved
Not Approved

Comments:

_____ Date