

**Film Studies Program  
Petition**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Student Identification # \_\_\_\_\_ Date \_\_\_\_\_  
Current Address \_\_\_\_\_  
\_\_\_\_\_

**Subject of Petition:**

Graduation Requirements \_\_\_\_\_  
Transfer Credits \_\_\_\_\_  
Other (Please Specify) \_\_\_\_\_

**Request:** Please state your request, including any relevant information  
(Use other side or attach additional pages if needed.)

**Film Studies Program action and comments:**

Accepted \_\_\_\_\_ Accepted with provisions \_\_\_\_\_  
Rejected \_\_\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_  
(chair or authorized personnel)