STUDENT PETITION
MACON STATE COLLEGE

PLEASE PRINT

Name _____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Macon State College Student ID Number

Address _____ City/State/Zip _____

Term and year you expect to graduate? _____ 20 _____ Phone No. _____

Degree you are seeking? A.A. _____ A.S. _____ B.A. _____ B.S. _____ in _____

_____PETITION FOR _____
(to be completed by the student)

_____

_____

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_____

Student's Signature _____ Date _____

Approved _____ _____ Denied _____ _____
Chair or Dean's Signature Date Chair or Dean's Signature Date

CONDITIONS OF APPROVAL (if any):

_____

_____

_____

_____

_____

_____

Approved _____ _____ Denied _____ _____
Associate Vice President for Academic Affairs Date Associate Vice President for Academic Affairs Date

Distribution: original-Registrar, copy-Student, copy-School/Division/Department