

## Graduation & Admission Requirement Committee (GARC) Petition

Full Name (Last, First Middle):	Student ID #:
Curriculum:	
Address (include city, state, zip code):	
Phone Number:	
Complete this form and attach necessary documenta	tion to request the following:
$\hfill\square$ Petition to transfer in more than seven of final 30 $\alpha$	credits.
$\square$ Petition to stay in an old catalog.	
☐ Other.	
Student Signature:	Date:
Advisor Signature:	Date:
Assistant Dean Signature:	Date:
Advisor/Dean signatures acknowledge receipt of petit	tion, they are not an indication of support.
Return this completed form & accompanying docume	nts to:
Montana State U 111 Mo P.O. Bo	he Registrar Iniversity-Bozeman ntana Hall x 172660 T 59717-2660
GARC Action:	Date: