

UNIVERSITY OF NORTH DAKOTA  
DEPARTMENT OF PATHOLOGY  
PROFESSIONAL AND ACADEMIC PETITION FORM

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*Check Box:* Professional Year #1  Professional Year #2  Certificate

Student's Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Date of Submission: \_\_\_\_\_

1. What are you seeking by this petition?

2. Discuss the reason(s) for your petition.

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*Note:* The Department of Pathology Professional and Academic Standards Committee may request an interview in addition to this petition.

Signatures:

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Advisor

\_\_\_\_\_

Date

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The recommendation of the Committee is:

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Department of Pathology Professional and Academic  
Standards Committee Chairperson

Date

6/07