

UNIVERSITY OF NORTH DAKOTA  
DEPARTMENT OF MEDICAL LABORATORY SCIENCE  
PROFESSIONAL AND ACADEMIC STANDARDS COMMITTEE  
PETITION FORM

<u>Circle:</u> Professional Year #1	Professional Year #2	Certificate
Student's Name _____		
Date of Submission _____ Student ID# (if UND) _____		
Mailing Address _____		
Cell Phone _____ E-mail _____		

1. What are you seeking by this petition?

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

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

Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

The recommendation of the Committee is:

\_\_\_\_\_  
Department of Medical Laboratory Science Professional and  
Academic Standards Committee Chairperson

\_\_\_\_\_  
Date