CURRICULUM PETITION

Name_____ Major. _____

Expected Graduation Date_____ E-mail_____ STUDENT ID_____
(month)   (year)

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1) REQUEST FOR COURSE SUBSTITUTION:

Substitute_____with_____taken in_____and count it towards_____
Subject course #   Subject course #   QTR/YR   Requirement Area (Write in one from below)

Substitute_____with_____taken in_____and count it towards_____
Subject course #   Subject course #   QTR/YR   Requirement Area (Write in one from below)

Substitute_____with_____taken in_____and count it towards_____
Subject course #   Subject course #   QTR/YR   Requirement Area (Write in one from below)

Substitute_____with_____taken in_____and count it towards_____
Subject course #   Subject course #   QTR/YR   Requirement Area (Write in one from below)

Substitute_____with_____taken in_____and count it towards_____
Subject course #   Subject course #   QTR/YR   Requirement Area (Write in one from below)

2) REQUEST TO COUNT A COURSE TOWARDS SPECIFIC REQUIREMENT:

Use_____taken in_____towards the_____requirement
Subject course #   QTR/YR   Requirement Area

Use_____taken in_____towards the_____requirement
Subject course #   QTR/YR   Requirement Area

Use_____taken in_____towards the_____requirement
Subject course #   QTR/YR   Requirement Area

Use_____taken in_____towards the_____requirement
Subject course #   QTR/YR   Requirement Area

Use_____taken in_____towards the_____requirement
Subject course #   QTR/YR   Requirement Area

REASON FOR REQUEST (REQUIRED):

Requirement Areas
Math Requirement
EA Requirement
DTC Requirement
Speech Requirement
Basic Science Requirement
Basic Engineering (Specify area)
Major Courses
Technical Electives
Specialization
   (Specify Specialization)

Student Signature:_____Date _____

Adviser Name:_____.&_____Date _____
                                          Adviser Signature

Undergrad Program or Assist Chair Name:_____&_____Date _____
                                          Undergrad Program or Assistant Chair Signature

Department Action: Grant: ☐   Deny: ☐

Dean's Office_____   Date:_____

Approved: ☐   Denied: ☐

Return Form to the School of Engineering – Room # L269

Revised 11/16

Log-In ____/____/____ #_____
Decision Log ____/____/____

Email   MAS