

**McCormick School of Engineering and Applied Science
Northwestern University**

**PETITION
(Do Not Use Pencil)**

Log-In ___/___/___ # ___
Decision Log _____
Email ___ SES ___ Check-off ___

Name _____ Dept. _____ Date _____

Complete Address _____ Phone _____

Expected Graduation Date _____ Catalog Year _____ E-mail _____ STUDENT ID _____
(month) (year)

Type of Petition:
 (A) Transfer Credit (B) Curriculum Change (C) Other

IF (A) TRANSFER CREDIT

University Name _____ Taken When? _____

<u>Proposed Course</u>		<u>NU Equivalent (if needed)</u>	
<u>Course #</u>	<u>Course Description</u>	<u>Course #</u>	<u>Course Description</u>
_____	_____	_____	_____

Transfer Equivalency Verification (for math, science, or engineering courses): The above listed courses are equivalent.

 (Faculty Signature) (Department) (Date)

(Provide the above information for each additional transfer course. Add on reverse or on attachment)

IF (B) CURRICULUM PETITION OR (C) OTHER

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)

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

REASON FOR REQUEST (REQUIRED):

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

Student Signature: _____

Adviser _____ Date _____ Department Chairperson _____ Date _____

Department Action: Grant _____ Deny _____

(Do not write below this line.)

Dean's Office _____ Date: _____

Approved: _____ Denied: _____

revised 1/04

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Attachment for additional transfer courses:

To be stapled to the back of the Curriculum Petition if needed

Name _____ Date _____

Dept. _____ EMPLID _____ SSN _____

(A) University Name: _____ Taken When? _____

Proposed Course		NU Corresponding Course (if known)	
<u>Course #</u>	<u>Course Description</u>	<u>Course #</u>	<u>Course Description</u>
_____	_____	_____	_____

Transfer Equivalency Verification (if necessary): The above mentioned courses are equivalent.

(Faculty Signature) (Department) (Date)

(A) University Name: _____ Taken When? _____

Proposed Course		NU Corresponding Course (if known)	
<u>Course #</u>	<u>Course Description</u>	<u>Course #</u>	<u>Course Description</u>
_____	_____	_____	_____

Transfer Equivalency Verification (if necessary): The above mentioned courses are equivalent.

(Faculty Signature) (Department) (Date)

(A) University Name: _____ Taken When? _____

Proposed Course		NU Corresponding Course (if known)	
<u>Course #</u>	<u>Course Description</u>	<u>Course #</u>	<u>Course Description</u>
_____	_____	_____	_____

Transfer Equivalency Verification (if necessary): The above mentioned courses are equivalent.

(Faculty Signature) (Department) (Date)

Return Form to the Academic Services Office – Room # L269