Name____________________________________ Major. ______________

Expected Graduation Date_____________ E-mail_________________________ STUDENT ID____________________

Type of Petition: ☐ Curriculum Change ☐ Other ☐

IF CURRICULUM PETITION OR 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)

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

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:_________________________ &_________________________ Adviser Signature
Date____________________

&_________________________ Date____________________

Undergrad Program or Assistant Chair Name:_________________________
Undergrad Program or Assistant Chair Signature

Department Action: Grant __________________________ Deny __________________________

(Do not write below this line.)

Dean’s Office_________________________ Date:_________________________
Approved:_________________________ Denied:_________________________

Return Form to the School of Engineering – Room # L269

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Decision Log / / 
Email MAS

revised 11/16