Undergraduate Student Academic Petition
College of Engineering and Computer Science

- Please state your petition clearly and precisely after you have consulted with your advisor. If additional space is required for your comments, please attach your statement to this form.
- If you are asking for a waiver of more than one departmental policy, please use a separate form for each request.
- Please submit your petition and all supporting documentation to the appropriate department:
  
BIE – 207 Russ
EE – 311 Russ
MME – 209 Russ

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Anticipated Graduation Date: □ Fall □ Spring □ Summer 20_______

□ Prereq waiver (Must be submitted 14 days prior to the start of the semester) Date submitted: ______________________
  Course name/number: ____________________________________________________________
  Listed prerequisites: ____________________________________________________________

□ Technical elective approval
  Course name/number: ____________________________________________________________

□ Permission to take upper-level courses
  Course name/number: ____________________________________________________________

□ Course substitution (Please attach syllabus)
  ____________________________

□ Other: ______________________________________________________________________

Request with documented reason(s):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I acknowledge that if I have not successfully met the conditions stated, any permission granted by this petition will be revoked.

Student signature: __________________________ Date: ________________

Date Received in Department: __________________________ Student GPA: __________

Department recommendations/comments: Approve: ________ Deny: ____________ (check one)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Department signature: __________________________ Date: ________________