UNDERGRADUATE COURSE SUBSTITUTION PETITION

**Student Information** **MSE Program** (check one)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Bachelor of Science in MSE

Student # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Bachelor of Science in MSE/NME

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Information**

Course Name and Number Quarter and Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requirement Information**

Which requirement are you trying to substitute? (please check one)

\_\_\_ Math Elective \_\_\_ MSE Technical Elective (MSE prefixed)

\_\_\_ Science Elective \_\_\_ MSE Technical Elective (non-MSE prefixed)

\_\_\_ Engineering Elective \_\_\_ Nano Elective (MSE prefixed)

\_\_\_ Other Requirement \_\_\_ Nano Elective (non-MSE prefixed)

**Justification**

Please provide the reason(s) you have to request the course substitution. Justifications should include how the course will fit in with your academic plan and how it will support your goals. Attach the syllabus of the course and supporting documentation whenever possible.

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I understand that this request must be approved BEFORE I enroll and complete the class in order to ensure the course will count towards a specific requirement. A petition requested after enrollment or completion is not guaranteed to count towards a specific requirement.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

*Department Use Only*

Undergraduate Committee Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Approve

\_\_\_ Deny