Petition for a Core Class Substitution – MS & PhD

To allow sufficient review time and in case your petition is denied, we strongly recommend submitting your petition at least one month before the semester starts. The final deadline for completing this form is Census Day in the same semester as the class for which you registering for the substitution. Your advisor, the Graduate Affairs Committee and the Department Chair must approve this petition.

You and Your Advisor

The most important criterion for this petition is that you and your advisor agree that this substitution is relevant to your research and program of study, and that no other Bioengineering class is equally relevant. The substituted class should not be offered in Bioengineering (i.e. you can't substitute a class at another campus for convenience).

Date: ______________________

Name: ___________________________  Student ID: ______________________

Email: ____________________________

Course Name: ______________________  Course #: ______________________

Course Instructor: __________________  Course Campus: __________________

I am requesting that the above course meet the following requirement (please circle one):

BIOE Life Science Core I  BIOE Quantitative Core I  BIOE Technical Core I

BIOE Life Science Core II  BIOE Quantitative Core II  BIOE Technical Core II

In a separate document, clearly state your request and reason for your petition. Include the core competencies you expect to learn and why they cannot be learned in an existing Bioengineering class. Please provide supporting documents that will help the committee make an appropriate decision (i.e. course description & syllabus with learning objectives). Petitions with incomplete information will not be considered.

I support this petition, as this course is not currently offered in Bioengineering and is important to my student's program of study and research.

Advisor Name: ______________________

Advisor Signature: ______________________  Date: ______________________

Graduate Committee

Approved:  Not approved:

Grad Committee Chair Name: ______________________  Date: ______________________

Grad Committee Signature: ______________________

Department Chair Signature: ______________________  Date: ______________________

Academic Year 2016-2017