



Department of Bioengineering

UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

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 are 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: _____