

ECE PETITION
TO THE FACULTY COMMITTEE ON ACADEMIC ACTIONS

You must attach a graduation checklist to this petition for it to be acted upon
Return to 223 Phillips Hall

Date: _____

Name: _____
Last First & Middle Initial

CUID _____ NetID _____ E-mail _____

Anticipated Degree Date: _____ Local Phone: _____

Advisor Name: *(please print)* _____

I hereby request (clearly explain your request):

My reasons are:

Student Signature

Date

Faculty Advisor's Statement:

Please check one: I support this petition I do not support this petition I have no opinion

Advisor's Signature

Date

The final outcome of the submission of this petition will be determined by the ECE Curriculums and Standards Committee.

Action/Final Outcome:

Department Signature

Date

Petition received by: _____ **Date:** _____