BOSTON UNIVERSITY
COLLEGE OF ENGINEERING
PETITION FORM

☐ Undergraduate Student
Return form to: Undergraduate Records Office
44 Cummington Street, Room 108

☐ Graduate Student
Return form to: Graduate Records Office
48 Cummington Street, Room 204

Name: ___________________________ Student I.D.#: __________
Major: ___________________________ Advisor: ________________ Anticipated Graduation Date: ______ Mo./Yr.
E-mail Address: ___________________ Local Phone: ___________
Current Mailing Address: ____________________________________

Petition: __________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Reason: _________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

                  Student's Signature          Date

ADVISOR
☐ Recommend
☐ Do Not Recommend

                   Advisor's Signature          Date

Comments: _________________________________________________________
____________________________________________________________________

Office Use Only

DEPARTMENT
☐ Recommend
☐ Do Not Recommend

                   Departmental Signature          Date

DEAN
☐ Approve
☐ Deny

                   Dean's Signature          Date

Comments: _________________________________________________________

Distribution: WHITE: Records Office  YELLOW: Student  PINK: Advisor