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## **Biomedical Engineering Petition Form**

	Student:	
	Advisor:	Degree:
Petit	ion Request:	
Reas	on:	
	Student's Signa	ature and Date
ACAI	DEMIC ADVISOR:	
0	Recommend Do Not Recommend	Advisor's Signature and Date
Dired	ctor of BME Masters Programs	s or Associate Chair for Graduate Programs Approval (depends on request):
0	Approve Do not Approve	Signature and Date
Com	ments:	