

**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: _____ B.U. 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: _____
