



College of Engineering

Undergraduate Records Office
44 Cummington Street Room 108

PETITION TO CHANGE CLASS STANDING / GRADUATION DATE

Student Name: _____ I.D. Number: _____ - _____ - _____

Local Address: _____ Phone Number: _____

_____ E-Mail Address: _____

Major: _____ Advisor: _____

Do you have a minor? Yes No If yes, in what? _____

Current Class Standing: <input type="checkbox"/> Freshman (U1) <input type="checkbox"/> Junior (U3) <input type="checkbox"/> Sophomore (U2) <input type="checkbox"/> Senior (U4)	Current Expected Date of Graduation (Month & Year): <input type="checkbox"/> September <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> January <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> May
Requested Class Standing: <input type="checkbox"/> Freshman (U1) <input type="checkbox"/> Junior (U3) <input type="checkbox"/> Sophomore (U2) <input type="checkbox"/> Senior (U4)	Requested Expected Date of Graduation (Month & Year): <input type="checkbox"/> September <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> January <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> May

Reason(s) for requested change:

- ▶ **All students must attach a current, completed Program Planning Sheet to this petition.**
- ▶ **All students please note: Changing your class standing/graduation date may affect your financial aid; please consult with the Office of Financial Assistance at 881 Commonwealth Avenue (353-2965).**

Student Signature: _____ Date: _____

OFFICE USE ONLY		(TR 16 - Summary of Academic Work) (RG 51 - Student Status Inquiry)
Total # credits required for Graduation : _____		
<input type="checkbox"/> Single Major	<input type="checkbox"/> Double Major (ENG)	
<input type="checkbox"/> Major & Minor	<input type="checkbox"/> BUCOP <input type="checkbox"/> BS/MS	
Total # credits completed to date: _____		Total # credits remaining: _____
<input type="checkbox"/> Approved	Keyed by: _____	Date Keyed: _____
<input type="checkbox"/> Denied		