

**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 <input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend	_____ Advisor's Signature	_____ Date

Comments: _____

Office Use Only

DEPARTMENT
 Recommend
 Do Not Recommend

	_____ Departmental Signature	_____ Date
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DEAN
 Approve
 Deny

	_____ Dean's Signature	_____ Date
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Comments: _____

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