REGIONAL CAMPUS **STANDARD PETITION FORM**

PART I. To be completed by the student

Name: _____ _____
Last or Family Name First or Given Name

NU ID: _____ Current Program/Concentration: _____

E-Mail: _____@husky.neu.edu

Campus (please check one): ☐ Seattle, Washington ☐ San Jose, California

Check All That Apply:

☐ BS/MS ☐ MS ☐ PhD ☐ Part-Time ☐ International

☐ Certificate Only ☐ Special Student ☐ Full-Time ☐ Domestic

1. **Check all that apply:**

☐ Change in Status ☐ Elective Outside of Approved Curriculum ☐ Increase Maximum Semester Hours

☐ Core Course Waiver and Replacement (you must list below BOTH the course you wish to waive and the course you plan to take instead) ☐ Other (specify):

2. For each course concerned, please provide the information below:

Course Name	Term	CRN #	Subject Code	Dept/Course #	# Credits

3. Why are you petitioning? Please explain (attach separate sheet if necessary): _____

4. Student Signature: _____ Date: _____

PART II. Please Obtain the Following Approvals Along with any Supporting Documents

Program Director: (Click here to choose the Program Director of your degree program.

Kal Bugrara - IS

_____
Print Name

_____
Signature

Recommendation:

☐ Approved ☐ Denied

_____ _____
Advisor comments and/or instructions Date

Academic Advisor: ☐ Approved ☐ Denied ☐ No Action ☐ Returned for additional information

_____ _____ _____
Graduate school signature Date Effective Term

Graduate School Comments: _____