

Department of Biomedical Engineering Petition Form for BS, MS, and PhD students

Today's Date:		Catalog Year:			
Name:		10 digit USC ID:			
Email:		Loca	al Phone:		
Semester Entered:		Expected Graduation:			
Affiliated Department: circle one BME Other:		Deg	ree Objective: circle one	BS MS Phd O	ther:
Degree Program: circle one BME BME(bioch	emical) BME	Electrical	BME/Mechanical	MDDE	MIII
I. Please attach a letter address	ed to Dr. Khoo	, Departme	ent Chair, explaini	ng the reason(s)	for your request.
II. Please indicate the purpose of		-	· -		-
□ SUBSTITUTION					
required course number:	title:				
replacement course number:		title:			
□ WAIVER					
course number:	title:				
□ TRANSFER CREDIT	Attach course des	cription, the co	llege or university name	e, and syllabus.)	
USC course number:	title:				
transfer course number:	title:				
□ TECHNICAL ELECTI	VE CREDIT (A	ttach course de	escription from USC Ca	talogue.)	
course number:					
□ OTHER					
please explain:					
III. Have you received approval Please remember, university courses for upper division re Lower division courses cann	policy states tha equirements for r	t substitution najors are to	s and waivers of USC be limited to a combi	C or transfer nation of 25%.	
□ NO □	YES (please	list below)			
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An e-mail will be sent to notify you of the dec	ision. It is your i	esponsibility	to keep a copy for yo	our records.	
S	tudent's Sign	ature:			
Reviewed by:		For Office Use Only		eport Updated:	
approved				E-mailed:	
denied Reason:					