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

Today’s Date: ___________________________  Catalog Year ________________________________

Name: _________________________________  10-digit USC ID: ______________________________

Email: _________________________________  Semester Entered: ______ Expected Graduation: _________

Affiliated Dept: circle one  BME  Other: ________  Degree Objective: circle one BS  MS  PhD  Other: ____________

Degree Program: circle one  BME  BME (biochemical)  BME/Electrical  BME/Mechanical  MS General BME  MDDE  MIII

I. Please attach a letter addressed to Dr. Norberto Grzywacz, Department Chair, explaining the reason(s) for your request.

II. Please indicate the purpose of this petition:

☐ SUBSTITUTION
required course number: ___________________ title: __________________________________________
replacement course number: _______________ title: __________________________________________

☐ WAIVER
course number: ___________________________ title: __________________________________________

☐ TRANSFER CREDIT (Attach course description, the college or university name, and syllabus.)
USC course number: _______________ title: __________________________________________
transfer course number: _______________ title: __________________________________________

☐ TECHNICAL ELECTIVE CREDIT (Attach course description from USC Catalogue.)
course number: ___________________________ title: __________________________________________

☐ OTHER Please explain: ________________________________________________________________

III. Have you received approval for any substitutions or waivers prior to this request?
University policy states that substitutions and waivers of USC or transfer courses for upper division requirements for majors are to be limited to a combination of 25%. Lower division courses cannot be substituted for upper division course requirements.

☐ NO  ☐ YES (please list) ________________________________________________________________

________________________________________

An e-mail will be sent to notify you of the decision. It is your responsibility to keep a copy for your records.

Student’s Signature: _________________________________________________________________

For Office Use Only
Reviewed by: ____________________________  STARS Report Updated: __________________________
☐ approved  Student E-mailed: __________________________
☐ denied  Reason: _________________________________________________________________