

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: \_\_\_\_\_