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

Today's Date: ___________________________  Catalog Year: ___________________________

Name: ___________________________________  10 digit USC ID: __________________________

Email: ___________________________________  Local Phone: ___________________________

Semester Entered: ________________________  Expected Graduation: _______________________

Affiliated Department: circle one  BME  Other:___________  Degree Objective: circle one  BS  MS  PhD  Other:___________

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

I. Please attach a letter addressed to Dr. Khoo, 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?
Please remember, 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 below)

_____________________________________________________________________________________
_____________________________________________________________________________________

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: ___________________________

Reviewed by:_____________________________  For Office Use Only
_____________________________________________________________________________________
☐ approved
☐ denied  Reason:______________________________________________________________

STARS Report Updated:_________________________  Student E-mailed:_________________________

Student E-mailed:_________________________  STARS Report Updated:_________________________