COLLEGE OF ENGINEERING
STUDENT PETITION
(PLEASE PRINT)

O LATE DROP  O Taking Course(s) Outside of UIC  O OTHER

NAME: ________________________  UIN: ________________________
ADDRESS: ________________________  PHONE: ________________________
ADDRESS2: ________________________  MAJOR: ________________________
CITY: ________ STATE: _____ ZIP: ________ E-MAIL: ________________________

ATTACH ANY NECESSARY DOCUMENTATION

I request

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Continue on other side if necessary

STUDENT SIGNATURE: ________________________  DATE: ________________

INSTRUCTOR OR DEPARTMENT PERMISSION (if necessary) ________________________

DO NOT WRITE BELOW THESE LINES

DEANS ACTION:
O Approved  O Deny  O Please Clarify  O Must submit additional information

COMMENTS: ________________________

SIGNATURE: ________________________  DATE: ________________