

**REQUEST FOR WAIVER OR SUBSTITUTION OF GRADUATION REQUIREMENT(S)  
DEPARTMENT OF ELECTRICAL AND COMPUTER ENGINEERING**

Student: \_\_\_\_\_ CSU ID# \_\_\_\_\_

Date: \_\_\_\_\_

email address: \_\_\_\_\_

**Request:**

\_\_\_\_\_

\_\_\_\_\_  
Signature

**Approvals:**

\_\_\_\_\_ Date:  
**Academic Adviser**

**Recommendation of the Undergraduate Curriculum Committee:**

\_\_\_\_\_ Date:  
Chair

\_\_\_\_\_ Date:  
Department Head

Student will be notified by email when a decision has been reached.  
This form will be retained in student file.