Electrical & Computer ENGINEERING

REQUEST FOR WAIVER OR SUBSTITUTION OF GRADUATION REQUIREMENT(S)

Student Name:_____ CSU ID#: _____

Major:_____ Semester: _____

Request (Please attach additional pages if needed. Attach course syllabus and other supporting documentation including emails regarding the course evaluation.):

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

Recommendation of the ECE Curriculum Committee: Approved ☐ Denied ☐

Notes:

_____ _____

ECE Curriculum Committee Chair Date

_____ _____

ECE Department Head Date

ECE Department Use Only:

Entered in Student Audit: _____ Paperwork Submitted to Registrar: _____ Student Emailed: _____