

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
College of Engineering, Division of Graduate Studies

Request for Registration in EGR 691 and/or 692

For _____ Quarter(s) 20_____

Student Name: _____ ID: _____

Address: _____

Telephone: Home _____ Office _____

Breadth Courses Completed * _____

Emphasis Area Courses Completed* _____

*By the end of the first quarter of registration in EGR 691 or 692.

Student Signature: _____

Complete Topic below and attach a proposal to this form for approval. The proposal must contain the following items as minimum: Introduction, Objectives, Proposed Work, Methodology, Schedule, Required Resources, and References.

Topic: _____

Check the box that applies (check both if same project) and obtain signatures as identified below:

EGR 691 Directed Study (2 units)

Faculty Advisor (Print)	Department	Signature/Date
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EGR 692 Independent Study with Comprehensive Examination (2 units)

Independent Study Committee (for EGR 692 only)

Chair (Print)	Department	Signature/Date
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Member (Print)	Department	Signature/Date
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Member (Print)	Department	Signature/Date
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Approved: _____ Date: _____

Director, Engineering Graduate Studies

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
Graduate Academic Petition

Name _____ Date _____
(Last) (First) (M.I.)

Address _____ Bronco Number _____
(Number & Street) (City) (Zip)

Major _____ Option _____ Cal Poly Pomona email _____

Purpose of Petition: (Check one) Home Phone Number _____

- Course Substitution
- Waive Residency (Please indicate remaining degree requirements to be completed in your reason for request)
- Time Extension (Formal certification and validation of outdated coursework must be attached to this Petition beyond a one quarter extension)
- Change of Status
- Other (.e.g. adding or deleting a course)

I hereby petition to : _____

Reason for request : _____

Please make the following changes on official Master's Contract:

Delete:

Dept./Course #	Course Title	Units	Qtr/Year

Add:

Dept./Course #	Course Title	Units	Qtr/Year

For Change of Status: (To be completed by the Graduate Coordinator)
 Effective Quarter: _____

- Check one:**
- The above conditionally classified student has satisfied the conditions stated at the time of admission and is recommended for unconditional standing
 - The above conditionally classified student has not satisfied the conditions stated at the time of admission and is recommended for dismissal from this degree program

Student's Signature _____

.. _____ Advisor Date _____
 .. _____ Graduate Coordinator Date _____
 .. _____ Dept. Chair Date _____
 .. _____ College Dean Date _____

Reviewed by Graduate Studies _____ Date _____

Approved Petition must be forwarded to the Graduate Studies Office
If petition is not approved, Return To Student

Distribution: It is suggested that each party make a copy of this form before forwarding. (Final approved copy will be available for viewing on STARRS)

Note: Department should give student his/her copy (The copy does not constitute final approval).

