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

☐ EGR 692 Independent Study with Comprehensive Examination (2 units)

Independent Study Committee (for EGR 692 only)

__________________________________________
Chair (Print) Department Signature/Date

__________________________________________
Member (Print) Department Signature/Date

__________________________________________
Member (Print) Department Signature/Date

Approved: __________________________________________ Date: ______________________

Director, Engineering Graduate Studies
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
Graduate Academic Petition

Name
(Last) ______________________ (First) ______________________ (MI.) ______________________

Address
(Number & Street) ______________________ (City) ______________________ (Zip) ______________________

Bronco Number ______________________

Major ______________________ Option ______________________ Cal Poly Pomona email ______________________

Purpose of Petition: (Check one)

☐ 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☐ Time Extension (Formal certification and validation of outdated coursework must be attached to this Petition beyond a one quarter extension)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).
Cal Poly Pomona  
Graduate Studies Office  
Report of Culminating Experience

This report certifies that the student has successfully completed all components of the Culminating Experience for the designated degree as specified in the Catalog and will be kept by Evaluations office as part of the student’s permanent file. All other graduation requirements, (e.g., courses listed on Master’s contract, satisfaction of GWT requirement) must also be completed and reported to Evaluations by the appropriate means.

Date: __________________ Bronco Number: __________________________

Name: __________________________ Home Phone Number: __________________

Cal Poly Pomona Email: _____________________________________________

Secondary Email: __________________________________________________

Address: __________________________________________________________

Number & Street  City  State  Zip

Department: __________________________

Master’s Program: __________________________ Option: __________________

Project/Thesis Title: ________________________________________________

Project/Thesis Committee Chair (please print): __________________________

This student has successfully completed the following components of the Culminating Experience – (check all that apply):

☐ Oral Defense  ☐ Project  ☐ Thesis  ☐ Comprehensive Exam

Signature of Committee Chair/Designated Faculty member responsible for certifying completion of culminating experience:

__________________________  Date: ________________

Graduate Coordinator: __________________________  Date: ________________

Department Chair: __________________________  Date: ________________

The original of this Report must be forwarded to the Graduate Studies Office after all signatures have been obtained

FOR GRADUATE OFFICE USE ONLY

Project submitted for binding: ☐

Thesis submitted for binding: ☐

Note: Engineering, Landscape Architecture & Architecture do not submit projects for binding.

Graduate Studies Analyst: __________________________  Date: ________________

Revised October, 2010