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

Request for Registration in EGR 691 and/or 692

For	Quarte	n(s) 20	
Student Name:		ID:	
A ddrops:			
Telephone: Home	Office		
Breadth Courses Completed *			
Emphasis Area Courses Completed*			
*By the end of the first quarter of registra			
	Student Signature:		
Complete Topic below and attach a profollowing items as minimum: Introductio Resources, and References.			
Topic:			
EGR 691 Directed Study (2 units			
Faculty Advisor (Print)	Department	Signature/Date	
EGR 692 Independent Study with	Comprehensive Exam	ination (2 units)	
Independent Study Commi	ttee (for EGR 692 only)		
Chair (Print)	Department	Signature/Date	
Member (Print)	Department	Signature/Date	
Member (Print)	Department	Signature/Date	
Approved:		Date:	
Director, Engineering Grad	uate Studies		

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA Graduate Academic Petition

Major Option Cal Poly Poly Poly Poly Poly Poly Poly Pol	
Purpose of Petition: (Check one) Course Substitution Waive Residency (Please indicate remaining degree requirements to be completed in your reason for Itime Extension (Formal certification and validation of outdated coursework must be attached to this Change of Status Other (.e.g. adding or deleting a course) I hearby petition to: Reason for request: Please make the following changes on official Master's Contract: Delete: Dept./Course # Course Title Units Qtr/Year The above conditionally classified the conditions stated at the time of ad for unconditional standing The above conditionally classified the conditions stated at the time of ad for unconditions stated at the time of ad the conditions stated at the	o Number
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Add: the conditions stated at the time of ad	mission and is recommended
!	d student has not satisfied
Student's Signature	
Advisor	Date
Graduate Coor	dinator Date
Dept. Chair	Date
College Dean	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).

Rev. 04/2011

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:				
Cal Poly Pomona Email:				
Secondary Email:				
Address:				
Number & Street	City	State	Zip	
Department:				
Master's Program:	Option	Option :		
Project/Thesis Title:				
Project/Thesis Committee Chair (please	e print):		-	
Signature of Committee Chair /Designated Fa	aculty member responsible fo	r certifying comple	tion of culminating	
\(\)		Date:		
Graduate Coordinator:		Date:		
Department Chair:		Date:		
The original of this Report must be forwar obtained	rded to the Graduate Studie	s Office after all s	ignatures have been	
FO	R GRADUATE OFFICE U	SE ONLY		
Project submitted for binding: ☐ Thesis submitted for binding: ☐				
Note: Engineering, Landscape Architecture & Arc	chitecture do not submit projects	for binding.		
Graduate Studies Analyst:		Date:		