

**DO NOT USE THIS FORM  
FOR TRANSFER CREDIT**

**School of Engineering  
PETITION  
PROGRAM DEVIATION**

UNDECLARED  
 ENTERED \_\_\_\_\_  
 EM  
NOTIFICATION \_\_\_\_\_

Petitions to the School of Engineering should be left with Darlene Lazar in the Office of Student Affairs in Terman 201. They will be referred to the proper committees and final action will be communicated to the student.

If the petition is intended to alter a graduation requirement or to substitute a course not listed as fulfilling a requirement in Math, Science, Fundamentals, or TIS:

1. Clearly explain why you feel the alteration is justified – provide details;
2. State how the course you wish to substitute fulfills the intent of the requirement – compare the course with Stanford courses that fulfill the requirement; is there a reason why you cannot fulfill the requirement with an approved course?;
3. Provide full documentation of the effect of the change: *Provide a revised Program Sheet and an up-to-date unofficial Stanford transcript of courses;*
4. **Obtain your advisors approval, including his/her written rationale for acceptance and signature in space below.**
5. For special (IDM) programs, be sure changes are consistent with your statement of purpose.

**Petitions will not be processed unless all of the above are attached/included.**

**All petitions must be submitted with a completed program sheet and transcript before filing your application for degree conferral. This is EARLY FEBRUARY for those of you expecting to graduate in June.**

*Please write legibly – Thanks!*

ID #: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Expected Major: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

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Enter statement of request here. *Do not add an attachment or go over one page.*

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**Dept Student Services Contact Signature:** \_\_\_\_\_ Date \_\_\_\_\_

**Advisor's Detailed Comments (Mandatory):**

Denied       Granted      Rationale:

Advisor (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean's Office:**

Action     Need further documentation

by         Denied

OSA:      Granted                      Signature: \_\_\_\_\_ Date: \_\_\_\_\_