

University of Connecticut  
School of Engineering  
**Department of Mechanical Engineering**

**GRADUATE PETITION FORM**

Date of Petition \_\_\_\_\_

Students petitioning for course transfer from other universities and/or to obtain a waiver concerning any rules or requirements of the ME Department as outlined in the ME graduate handbook should complete this form and return it to the Director of Graduate Studies. Please include a complete UConn transcript with this form.

I hereby petition the Mechanical Engineering Department of the University of Connecticut for

<input type="checkbox"/> Course Waiver	Date Entered Program _____
<input type="checkbox"/> Credit Requirement	Group within ME: ____ Thermo-Fluids
<input type="checkbox"/> Other (Please Specify)	____ Systems and Mechanics
_____	Advisor _____
	Degree Program: ____ MS ____ PhD

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_

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List below, in chronological order, all colleges/universities (including UConn) for both undergraduate and graduate work, continue on a separate sheet if necessary.

<u>University Attended</u>	<u>Date Attended</u>	<u>Degree</u>	<u>Date Awarded</u>	<u>Major</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Test Scores and Dates:**

- GRE      Score:\_\_\_\_\_      Date:\_\_\_\_\_
- TOEFL      Score:\_\_\_\_\_      Date:\_\_\_\_\_

**Grade Point Average:**

- Estimated undergraduate cumulative grade point average (based on 4.0 scale):\_\_\_\_\_
- Estimated grade point average for any graduate work taken at UConn:\_\_\_\_\_
- Estimated grade point average for graduate work at other colleges or universities:\_\_\_\_\_

**Personal Comments**

State your petition clearly and concisely, including all facts and circumstances you want considered on your behalf. If appropriate, include relevant reasons to account for low grades and/or test scores. Attach any supporting statements or documents to this form. If additional space is required, please continue on a blank sheet of paper and attach it to this form. Please sign and date your comments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Student:\_\_\_\_\_ Date:\_\_\_\_\_

**Petitioners: Please do not write below this line:**

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**Academic Advisor Recommendation/and or Comments:**

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Signature of Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

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**ME Department Graduate Petition Committee (if applicable) Recommendation:**

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Signature of Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

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**ME Director of Graduate Studies**

Agree with Committee Recommendations

Disagree with Recommendations

Signature \_\_\_\_\_

Date \_\_\_\_\_