

Aerospace Engineering Petition

Please complete return to the Student Programs Coordinator at <u>AMEstudentservices@ou.edu</u> no later than Monday, August 12th, 2024 by 5 p.m. CST to be considered for the Fall 2024 semester.

| Name of Petitioner: | OU ID#: Date: |
|---------------------|--|
| Current Address: | Daytime Phone: |
| E-mail Address: | Classification (Please Check): Fr. Soph. Jr. Sr. |
| Date of Graduation: | GPA: |

I ask to be relieved of the requirements listed below and to be allowed to substitute an equivalent number of credit hours.

| To be relieved from: | | *Course to be substituted | | | | |
|----------------------|-------|---------------------------|-------|-------|-----------|------------|
| Course | Hours | Course | Hours | Grade | Institute | When Taken |
| | | | | | | |
| | | | | | | |
| Total Hours | | Total Hours | | | | |

*Are you currently enrolled in the course?

*Have you attempted this course previously?

*Do you have a declared minor or are you planning to pursue a minor?

*Reason for this request (please attach on a separate page):

Signature of Petitioner:

Date:

Date:

Instructor Recommendation (if available): Name: Approve Deny

Signature:

| Decision of: | | | | | | |
|---|--------------|-----|-------|--|--|--|
| Parthasarathy: Approve | Attar: Appro | ove | | | | |
| Deny | Deny | | | | | |
| Vedula: Approve Deny | | | | | | |
| Faculty Recommendation (If Necessary): Approve/Deny | | | Date: | | | |
| Signature: Director's Recommendation: Approve/Deny | | | Date | | | |