Department of Mechanical Engineering PETITION FOR EXCEPTION TO ME DEGREE REQUIREMENT

Last Name	First Name		Class	ID Number	
Local Address		Local Phone Number			
Home Address			Email Address		
Description by student of	of exception requested.				
Comments by advisor (optional).				
Applicant Signature			Approved by Advisor		
Approved by Director of	of Undergraduate Studies	Date			
Approved by Departme	ent Chair	Date			