

**College of Engineering & Applied Science
VOLUNTARY REASSIGNMENT AND/OR WAIVER OF COLLEGE RULES**

NAME _____ UC ID# _____

I am currently a member of the (Major) _____ Class of _____

Complete all parts (I, II, III) that are applicable. Attach a typed page if there is not sufficient room on the form.

- I petition to:
- I. Be reassigned to the Class of _____.
 - II. Have the following curricular requirements of my new class waived:

 - III. Have the following College rules waived:

My reasons are:

Student Signature _____ Date _____
(Student copy is to be picked up after final approval/disapproval.)

Adviser/Department Head Approved? YES NO Comments:

Academic Adviser Signature _____ Name (please print) _____ Date _____

Professional Practice Approved? YES NO Comments:

Professional Practice Adviser Signature _____ Name (please print) _____ Date _____

Committee on Academic Standards Approved? YES NO Comments:

CAS Representative Signature _____ Name (please print) _____ Date _____

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|-----------------------------------|-------------------|----------------|------------------------------|-----------------|-------------------|
| College File (original) | Dept. File | Student | Professional Practice | By _____ | Date _____ |
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