PETITION TO ECE GRADUATE STUDIES COMMITTEE

Submit the completed form to the ECE Graduate Studies Office (room ECE 242).

Name:		
Student ID:	Home Phone:	Office Phone:
Current Address & Zip Code:		
ECE E-Mail Account:		@ece.arizona.edu
Expected Graduation Date:		
Faculty Advisor:		

Description and justification of the request:

Student Signature:	Ι	Date:	
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Additional comments by the Faculty Advisor (optional):

Faculty Advisor Approval:	Date:	
Director of Graduate Studies Approval:	Date:	