University of California, Berkeley **EECS**

GRADUATE STUDENT PETITION FORM

TO BE COMPLETED BY STUDENT:

FROM: _____ _____
Last name First Middle SID#

_____
Street Address City State Zip

_____
Email

PETITION (state request and reason for request):

_____ _____
Student Signature Date

TO BE COMPLETED BY RESEARCH OR TEMPORARY ADVISOR:

ADVISOR COMMENTS:

_____ _____
Research Advisor Signature Date

TO BE COMPLETED BY DEPARTMENT:

DECISION (circle one): APPROVED / NOT APPROVED

CONDITION:

_____ _____
Chair, Graduate Matters / Prelim Committee Signature Date

STUDENT NOTIFIED: YES / NO

_____
Date