GRADUATE AEROSPACE LABORATORIES
CALIFORNIA INSTITUTE OF TECHNOLOGY

Course Approval Petition

Date: _____

Last Name: _____   First Name: _____

Degree Program: _____   Academic Year: _____   Term: _____

Reason for Petition:

☐ Replace MS required Course
☐ MS Elective
☐ Replace Ae 200 level PhD requirement
☐ Replace Math PhD requirement
☐ Other

Comments/Description to support petition

	Required Course			Proposed Substitution	
Course Title	Course #	Units	Course Title	Course #	Units

_____   _____
Date   Student Signature

_____   _____
Date   Advisor Signature

☐ Approved   _____   _____
☐ Not Approved   Date   Option Representative Signature

Please return completed form to Christine Ramirez 267 Guggenheim

9/9/2016