

**McCormick School of Engineering and Applied Science
Northwestern University
PETITION FOR BME SOUTH AFRICA STUDY ABROAD
(Do Not Use Pencil)**

Log-In ___/___/___ # ___
Decision Log _____
Email __ SES __ Check-off __

Name _____ Dept. _____ Date _____

Complete Address _____ Phone _____

Expected Graduation Date _____ Catalog Year _____ E-mail _____ STUDENT ID _____
(month) (year)

Type of Petition:
 ___ (A) Transfer Credit ___ (B) Curriculum Change ___ (C) Other

IF (A) TRANSFER CREDIT

University Name _____ The University of CapeTown _____ Taken When? _____

Students will request permission numbers from the department and register themselves for the following courses. The courses will appear on your NU transcript as indicated in the left column. You must get the signatures from your advisor and program chair.

<u>Course as it will appear on Nu Transcript</u>	<u>Major Requirement</u>
BMD_ENG 391-SA Healthcare Tech Innovation and Design	___ Biomedical Engineering Design I (BMD_Eng 390-1) or ___ Biomedical Engineering Design II (BMD-Eng 390-2) or _____ for other majors
BMD_ENG 388-SA Healthcare in Resource Poor Environments	Technical Elective or unrestricted elective (circle 1)
BMD_ENG 389-SA Healthcare Tech Assessment and Planning	Technical Elective or unrestricted elective (circle 1)
GBL_Hlth 314-SA Health & Community Developments in South Africa	Unrestricted elective or Theme course (circle 1)

You should use the section below if you need to petition to use these courses as other specific requirements within your major.

IF (B) CURRICULUM PETITION OR (C) OTHER

1) REQUEST FOR COURSE SUBSTITUTION:

Substitute _____ with _____ taken in _____ and count it towards _____
Subject course # Subject course # QTR/YR Requirement Area (Write in one from below)

Substitute _____ with _____ taken in _____ and count it towards _____
Subject course # Subject course # QTR/YR Requirement Area (Write in one from below)

2) REQUEST TO COUNT A COURSE TOWARDS SPECIFIC REQUIREMENT:

Use _____ taken in _____ towards the _____ requirement
Subject course # QTR/YR Requirement Area

Use _____ taken in _____ towards the _____ requirement
Subject course # QTR/YR Requirement Area

Student Signature: _____

Adviser _____ Date _____ Department Chairperson _____ Date _____

Department Action: Grant _____ Deny _____

(Do not write below this line.)

Dean's Office _____ Date: _____

Approved: _____ Deny: _____

revised 1/04

Return Form to the Academic Services Office – Room # L269

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Attachment for additional transfer courses:

To be stapled to the back of the Curriculum Petition if needed

Name _____ Date _____

Dept. _____ EMPLID _____ SSN _____

(A) University Name: _____ Taken When? _____

Proposed Course		NU Corresponding Course (if known)	
<u>Course #</u>	<u>Course Description</u>	<u>Course #</u>	<u>Course Description</u>
_____	_____	_____	_____

Transfer Equivalency Verification (if necessary): The above mentioned courses are equivalent.

(Faculty Signature) (Department) (Date)

(A) University Name: _____ Taken When? _____

Proposed Course		NU Corresponding Course (if known)	
<u>Course #</u>	<u>Course Description</u>	<u>Course #</u>	<u>Course Description</u>
_____	_____	_____	_____

Transfer Equivalency Verification (if necessary): The above mentioned courses are equivalent.

(Faculty Signature) (Department) (Date)

(A) University Name: _____ Taken When? _____

Proposed Course		NU Corresponding Course (if known)	
<u>Course #</u>	<u>Course Description</u>	<u>Course #</u>	<u>Course Description</u>
_____	_____	_____	_____

Transfer Equivalency Verification (if necessary): The above mentioned courses are equivalent.

(Faculty Signature) (Department) (Date)

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