

**McCormick School of Engineering and Applied Science
Northwestern University
PETITION FOR BME SOUTH AFRICA STUDY ABROAD
(Do No 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 Cape Town _____ Taken When? _____

<u>Proposed Course</u>		<u>NU Equivalent (if needed)</u>	
<u>Course #</u>	<u>Course Description</u>	<u>Course #</u>	<u>Course Description</u>
HUB 437H	Healthcare Tech Innovation and Design	___ BMD_Eng 390	Biomedical Engineering Design
		or ___ BMD_Eng 395	BME Design II
HUB 436H	Healthcare in Resource Poor Environments	___ BMD_Eng 3XX	Biomedical Engineering Elective
HUB 428H	Healthcare Tech Assessment and Planning	___ BMD_Eng 3XX	Biomedical Engineering Elective
HUB 429H	Healthcare Tech Assessment and Maintenance		
HUB 431H	Special Topics in Healthcare Tech Management:	Gen_Cred 1XX	General Credit

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

REASON FOR REQUEST (REQUIRED):

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

**McCormick School of Engineering and Applied Science
Northwestern University**
PETITION
(Do Not Use Pencil)

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)

Return Form to the Academic Services Office – Room # L269