

Graduate Custom Specialty Petition

Please Print.

Name:		Student ID:
Date:	Degree Program	
Other Special	lty:	
Student Signa	ature:	
		for my degree comprising of the following three courses:
Custom Specialty Title		Please list an additional course that would be apt for this specialty. This course would be used in this custom specialty if one of the three courses listed on the left is not available.
Course 1 Number	er & Title	
Course 2 Number & Title		Course 4 Number & Title
Course 3 Number	er & Title	
Please explain	how this specialty fits wit	ch your degree:
Please explain	why these courses are apo	t for this specialty:
Approval Requ	ired:	
Program Director		Dept. Head or Program Review Chair
Date		Date
Program Direct	tors:	
MBA + MSMG MSBA		Please email the completed form at business-prog-office@wpi.edu at least a week before the add/drop date for the relevant semester.
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MSOSCA	Renata Konrad	100 Institute Road, Worcester MA 01609-2280 wpi.edu/academics/business
MSIT	Jim Rvan	