

DATA SCIENCE GRADUATE PETITION FORM

Instructions: Complete Parts 1 and 2 of this petition
Ask your Faculty Advisor to approve and sign off on this form
Bring the form to the Data Scienc Office - FL243

1. STUDENT PRINT LEGIBLY:

Student Name: _____ WPI ID: _____
Student Major: _____ Class: _____
Local Address: _____

2. REASON FOR PETITION: Please provide justification for this petition.

Signature: _____ Date: _____

3. RECOMMENDED ACTION by ADVISOR:

APPROVE ☐ DISAPPROVE ☐ COMMENT: _____

Print Name: _____ Signature: _____ Date: _____

4. RECOMMENDED ACTION by DATA SCIENCE CURRICULUM COMMITTEE:

APPROVE ☐ DISAPPROVE ☐ COMMENT: _____

Print Name: _____ Signature: _____ Date: _____