

**PETITION TO COUNT NON-BIOE COURSE TOWARDS MBE DEGREE**

NAME: \_\_\_\_\_

PENNID: \_\_\_\_\_

COURSE #: \_\_\_\_\_ (NOTE: MUST BE 1.0 + CUs OR 3.0 SH)

COURSE TITLE: \_\_\_\_\_

TERM: \_\_\_\_\_

**COURSE DESCRIPTION:**

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**\*\*PLEASE ATTACH THE COURSE SYLLABUS TO THIS FORM\*\***

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**APPROVED BY DIRECTOR OF EDUCATION OR MBE PROGRAM DIRECTOR:**

YES \_\_\_\_ NO \_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_