Department of Mechanical Engineering Curricular Request Form

to be completed **BEFORE** enrolling in the course(s)

Student Full Name: Clemson E-mail:			CUID:					
			GPA:		Class Standing:			
Please provide your o	curriculum r	elated request:						
I request to:								
Please provide a justi	ification for	your request:						
Proposed Plan of Stu	ıdy:							
Semester:	Year:	Semester:	Year:	Semester:	Ye	ear:		
Have you attempted	any of the co	ourses listed ab	ove in a previo	us term? (A "W",	"D", or "F	" counts as	an attempt.)	
If yes, list those cours	ses below:							
Student Signature			Date					
-								
Student Services Coordinator Signature			Date					
				Approv	ed	Denied		
UG Program Director Signature			Date		**			

Revised: 10/2019