Petition for a Non-Opus Master of Science Degree

Name ______________________________ Date ____________________

UM ID __________________ Email ______________________________

Field of Study ____________________

I request permission to waive the opus requirement and instead take additional course work that has been approved by advisor. I am submitting a 150-200 word statement explaining why this change in opus is most appropriate for me along with the courses approved for the non-opus option by my advisor.

Additional Course Information

Course Number __________________ Term Course Taken ______________________________ (as appears on academic record)
Course Title ____________________________
Course Instructor _________________________

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Course Title ____________________________
Course Instructor _________________________

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Course Title ____________________________
Course Instructor _________________________

Approvals

Your current Faculty Advisor must approve this request:

Faculty Advisor’s Name __________________________________________________________

Faculty Advisor’s Signature ______________________________ Date ______________

Field of Study Coordinator’s Name ______________________________________________

Field of Study Coordinator’s Signature ______________________________ Date ______________

Approved by Associate Dean ______________________________ Date ______________

DEADLINE – THIS SHOULD BE COMPLETED BEFORE THE DROP/ADD DEADLINE OF THE WINTER TERM OF YOUR 1st YEAR IN SNRE.

For Internal Use Only:

___ Update Non-Opus Spreadsheet
___ Notify student and advisor

Last revised 11/17/2016