

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 and Field of Study coordinator. I am submitting a statement explaining why these courses should be approved for the non-opus option.

Additional Course Information

Course Number _____ Semester Course Taken _____
(as appears on academic record)

Course Title _____

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(as appears on academic record)

Course Title _____

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(as appears on academic record)

Course Title _____

Approvals

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 FORM CANNOT BE SUBMITTED BEFORE THE FINAL EXAM PERIOD OF THE FALL SEMESTER, AND SHOULD BE COMPLETED BEFORE THE ADD/DROP DEADLINE FOR THE WINTER SEMESTER.