

Please print:			
	first middle initial	last/family	Email
MIT ID number: Subjects being petitio	oned:		Year: 1 2 3 4 (Choose one)
Subject number	Required signature		Schedule Not all ASEs are offered in each exam period. Select a valid exam period:
For Registrar Use Only: Approved	Department Administrator or Instructor Comments:	Date	Exam 1 Late August/Early September - applied to the fall semester Exam 2 December (during final exams) - applied to the fall semester Exam 3 Late January/Early February - applied to the spring semester Exam 4 May (during final exams) - applied to the spring semester
Denied			Incoming first-year students do not use this form.
Subject number	Required signature		If you choose not to take the exam, please notify the department giving the exam in advance.
For Registrar Use Only: Approved Denied	Department Administrator or Instructor Comments:	Date	I have met with this student and have reviewed the required qualifications for taking this examination.
			Advisor signature Date
For Registrar Use Only:	Required signature Department Administrator or Instructor Comments:	Date	I understand that for some departments, homework is a requisite for taking the exam. If so, I will turn in the homework at the scheduled exam.
□ Approved□ Denied			Student signature