

PETITION TO WAIVE A REQUIRED COURSE

(Please Print)

Name of Student: _____ Date: _____

Number and **Title** of course to be waived: _____

Basis for waiver (including comparable course work, texts used, date taken, grade received and any other relevant data. If reason is other than comparable course work give thorough rationale and supporting data).

Professor's Decision:

_____ Not Waived

_____ Waived

_____ Additional work required. (Advanced courses in the area will normally be substituted for foundational courses that are waived.)

Approval Signatures:

Course Professor: _____ Date: _____

Dean: _____ Date: _____

FORM MUST BE COMPLETED DURING FIRST WEEK OF SCHOOL

Copies to: Student; course professor; academic advisor

(Regoff. 8/31/2012)