

Petition for Course Substitution or Waiver

NOTE TO CAMPUS: If you receive this petition, complete SECTION C and submit to the Office of the Registrar.

- Form should be typed or printed neatly in ink.
- Student will receive e-mail notification of final decision.
- This form may also be used to petition for a course substitution based on a documented disability. After completion of section A, student should submit this form to the campus SAIL office.

| Step 1. Provide Your Informa | tion | | | | | |
|--|---|---|---------------------------------|--|--|--|
| Student Name: (Print Legibly) | | ID# _ | | | | |
| | C Email: Daytime Phone: | | | | | |
| Program Name: | | | | | | |
| Anticipated graduation date in this pro | gram: | | | | | |
| Step 2. Identify whether you | are requesti | ng a course substitution or co | urse waive | er. | | |
| (Note: this form is used for the purpos course prerequisite for registration pu | | g or waiving a course for degree comple | tion only. It is | not a request to waive a | | |
| ☐ COURSE SUBSTITUTION | | | | | | |
| substitution will not appear on the stude | ent's transcript, b | ntent and/or spirit of a required course in ut will satisfy the requirement for gradua substitution applies only to the program | ation. Course ι | used for substitution mus | | |
| Substitute this course: (prefix, number, title) | Credits | For the following required course: (prefix, number, title) | Credits | Course taken at: (name of institution) | | |
| | | | | | | |
| | | | | | | |
| Attach documentation to support the r | netition for cours | e substitution (e.g. course description o | r syllahus) | | | |
| | cution for cours | e substitution (e.g. course description of | Syllabus). | | | |
| ☐ COURSE WAIVER | | | | | | |
| skills not reflected on a transcript from academic credit is not awarded. The w | another instituti aiver will satisfy | tcomes of course petitioned for waiver ton. An approved waiver is not reflected the requirement for graduation, but the sired in the program. A waiver applies onli | on the student tudent may be | t's official transcript and required to complete | | |
| Attach documentation to support the c | ourse waiver. Br | iefly explain below how course learning o | utcomes have | been attained. | | |
| | e requested for waiver: | | | Title | | |
| Course requested for waiver: | Prefix | . Number | | | | |

| SECTION B: Office of the Registrar | |
|--|---------------------------|
| EFSC Procedures as well as the student's curriculum, catalog year and educational or career goals rendering this decision. | s were considered in |
| ☐ The Office of the Registrar has reviewed and approved the student's request. It is compliant with EFSC compromise the integrity of the student's program. | C procedures and will not |
| ☐ The Office of the Registrar has reviewed the student's request and does not believe it warrants further c explanation for this decision: | consideration. A brief |
| Office of the Registrar Signature: Date: | |
| SECTION C: Offices of Accessibility/Disability Services (SAIL) and Student A | Affairs |
| ☐ Reviewed and Approved: The Office of Accessibility/Disability Services has reviewed the student's dis terms of type, severity and relevance to the requested substitution and the avenues that have been pu successfully complete the course/s for which a substitution is sought. | |
| ☐ The Office of Accessibility/Disability Services has reviewed the student's request and does not believe consideration. A brief explanation for this decision: | it warrants further |
| Director of SAIL Signature: Date: | |
| ☐ The Office of Student Affairs has reviewed and approved the student's request based upon evaluation academic record and recommendations from the Offices of the Registrar and Accessibility/Disability Se | |
| ☐ The Office of Student Affairs has reviewed the student's request and does not believe it warrants furthe explanation for this decision: | r consideration. A brief |
| AVP of Student Affairs Signature: Date: | |
| | |
| The committee consisting of the Director, Student Accessibility Services; the Associate Vice President, Registrar convened on the following date: | Student Affairs; and the |
| Request was: Approved Denied | |
| SECTION D: Office of the Registrar | |
| ☐ Request has been processed, noted in SPACMNT, student notified, and copy scanned into student's | s record. |
| Processed by: Date: | |