

PETITION FOR COURSE EXEMPTION

Please Type or Print:

STUDENT NAME: _____
Last *First* *Middle*

PROGRAM: _____ DATE: _____

SEMESTER

& YEAR

COURSE NUMBER

SEC

UNITS

CLASS TITLE

INSTRUCTOR

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Student's Signature

Date

INSTRUCTOR'S RECOMMENDATIONS:

Exempted from the course based on:

- Successful completion of equivalent course work:*

Course Title: _____

Graduate

Undergraduate

Grade Received: _____

College/University: _____

- Achieved proficiency (Please specify):* _____

 Contingent upon (e.g. Course substitution): _____

Exemption request denied for the following reasons: _____

Instructor's Signature

Date

- Petition accepted.*

- Petition accepted under condition(s) specified by Instructor.*

- Petition denied for following reason:* _____

Program Director's Signature

Date