



Student Section: Please submit a Request for Waiver of Credit form for each course request. Policy description

Student First Name

Student Last Name

UO ID#

Program: _____

Course requested to be waived:

Course No. & Title

No. Term Credits

Instructor

Course petitioned as equivalent to course listed above:

Course No. & Title

No. Term/Sem Credits

Instructor

School where course petitioned as equivalent was completed & year:

If you are requesting that a field experience that you completed count as equivalent to a College course, please describe the field experience in the space below.

Course Instructor/Program Coordinator/Director of Graduate Studies Section: There is no time limit for courses previously taken. Course objectives and content, verified by review of the previously completed course syllabus or other evidence, are used to determine course equivalence. A faculty member from the Offering Unit **and** the student's Program Coordinator/Director of Graduate Studies must sign this form.

Evidence reviewed: Previous course syllabus Previous institution transcript Other _____

(Required) Offering Unit Sign-Off: It is *preferred* that the instructor of the course to be waived reviews the evidence and decides whether to approve or not approve this Request for Waiver. If the instructor is not available, or prefers to defer the decision to someone else in the Unit that offers the course to be waived, then they may do so. The alternate person in the Unit who makes a decision about this Request for Waiver should have relevant course content expertise.

I approve this Request for Waiver.
I do not approve this Request for Waiver.

Signature

Date



(Required) Program Coordinator/Director of Graduate Studies Sign-Off:

I approve this Request for Waiver.

I do not approve this Request for Waiver.

Signature

Date

TSPC Liaison Sign-Off (if necessary):

I approve this Request for Waiver.

I do not approve this Request for Waiver.

Signature

Date