



PETITION TO WAIVE A REQUIRED COURSE

Student Name _____ SPIRE ID# _____

Expected Graduation Date: _____ Advisor: _____

Please explain the reasons for your request to waive a required course and, if applicable, how doing so will enhance your overall program to fulfill your goals and/or career objectives. Use additional pages if necessary. Return this form to your advisor.

Student Signature: _____ Date: _____

Advisor: Please provide a statement giving your recommendation, with your reasons.

Advisor Signature: _____ Date: _____

Curriculum Committee Decision: Approved _____ Not approved _____ Other _____

Chair Signature: _____ Date: _____

Recommendations/Reasons, if any: _____