Petition for Graduate Course Waiver

School of Computing and Information Science

University of Maine

**INSTRUCTIONS:** Please submit this completed form with student signature to the Administrative Support Supervisor (kkidder@maine.edu) and the appropriate graduate coordinator. The form will then be distributed to the appropriate faculty members for assessment and filed for use with the student’s program of study. This form may extend beyond one page when completed.

STUDENT NAME:

Student ID#: Email address:

I request a waiver for the following course (include course designator, number and title):

XXXX

I have taken the following course(s) that I believe cover most of the subject matter in the named course above:

1. Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Credits: \_\_\_\_\_

URL for course description (or insert copy of description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Credits: \_\_\_\_\_

URL for course description (or insert copy of description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Credits: \_\_\_\_\_

URL for course description (or insert copy of description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I believe my success in the above course(s) soundly confirms my depth of knowledge in the area.

I am willing to take an examination in the subject area for which I am requesting a waiver, if adequate performance on such an examination is deemed an advisable prerequisite to the granting of the waiver.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduate Student Signature** **Date Approved**

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**Faculty Signature Approving Waiver Date Approved**

(regular instructor of course being waived)

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**Graduate Coordinator**  **Date Approved**