

Petition for Waiver

Student's Name		I.D.#	
I am requesting a Wa	iver of the following	g required course(S.S.W. Co	urse # and Title)
		(Name of Institution)	
	((Name of Institution)	
under the title of		Course # and Title)	
	(Other School's	Course # and Title)	
for credits,	during the		semester.
		(Semester & Year)	
I received a grade of	I have	e attached a transcript and course de	scription for your review.
Evaluated By		Action Taken	
(Instructor/Sequence Coordinator) Please Print		(Date)	
Decision: *(Circle)	Approved	Disapproved	
Signature:			(B)
(Instructor/Sequence Coordinator)			(Date)
Signature:			
(S.S.W. Office of Student Services)			(Date)
*Evaluator's commen	nts, if any, should be	attached.	

Revised-05/13