



FISHER COLLEGE

OFFICE OF THE REGISTRAR

PETITION FOR ACADEMIC COURSE WAIVER

Instructions: This petition should be completed by the student, signed by the student's Academic Advisor and then forwarded (along with all supporting documents) to the appropriate Program Director. A copy of the student's degree audit should be attached to this form. The Program Director will forward this petition to the Office of the Registrar for processing and distribution. This form should be completed, approved and processed at the time of enrollment in substitute course.

PLEASE TYPE OR PRINT

Student's Name: _____ ID#: _____

Student's E-mail: _____

Division: Boston Campus GPS Online Undergraduate

Major: _____ Bachelor's Associate's Cert.

Waive Course: _____ and substitute with course: _____

Additional Comments: _____

Statement explaining extenuating circumstances: Please site reasons why you feel your request should be granted (attach and appropriate/required documents or an additional sheet if more space is needed).

Student's Signature

Date

Comments: _____

Yes _____ No _____
WAIVER RECOMMENDED

Academic Advisor

Date

Comments: _____

Yes _____ No _____
WAIVER RECOMMENDED

Program Director

Date

Registrar's Office Use Only:

Date Received: _____ Processed by: _____ on: _____