



College of Education • University of Oregon
PETITION TO WAIVER FORM

Name:

Last First MI Former Student 950 Number

Local Address: Street City State Zip

Permanent Address: Street City State Zip

Local Phone Number : Permanent Phone Number :

I. I am requesting a waiver of requirements in the following University of Oregon College of Education course of study

A. Course work:				
	Course #	Course Title		Credits
B. Field Experience:				
	Course #	Field Experience	Course Title	Credits
	Paid Experience	Unpaid Experience		

II. I am currently enrolled and in good standing in the following:

- Undergraduate major or minor in
- Master's degree in
- Doctorate degree in
- Licensure program in
- Continuing Professional Development plan advised by

I understand that I may be required to discuss with the appropriate University of Oregon faculty the course work and or field centered experience that I am requesting to waive.

I understand that this waiver does not affect the number of credits I am required to complete at this institution for my degree.

III. Reason for requesting waiver:

- Course has been replaced by a new course.
- Student has successfully completed equivalent course at this or another institution.
- Student's prior experience exceeds the content and requests of this course.

IV. Please describe the course and list the attached supporting recommendations or documented evidence (letters, experience verification, transcripts, institutional course descriptions, course syllabus) which are attached to this Petition to Waiver Form. The Petition to Waiver Form will not be processed without appropriate course descriptions and/or documentation of evidence being attached.

List of Attached Supporting Recommendations or Documented Evidence

V. Student Signature: _____ Date: _____

VI. Statement of University of Oregon Course Instructor:

Approved Denied Signature: _____ Date: _____

VII. Statement of University of Oregon Advisor:

Approved Denied Signature: _____ Date: _____

VIII. Final Approval Degree Programs (Area Head or Program Coordinator):

Approved Denied Signature: _____ Date: _____

IX. Licensure Only (TSPC Liaison Officer):

Approved Denied Signature: _____ Date: _____

When the Petition to Waiver Form is completed, including all necessary signatures and supporting evidence, it should be turned in to Student Academic Services (Student Records Office) in the College of Education. Incomplete Petition to Waiver Form will be returned to the student.