

Signature

Request for Waiver of Credit Form

Date

Student First Name	e Student Last Name UO ID#		D#
Program:			
Course requested to be	e waived:		
Course No. & Title		No. Term Credits	Instructor
ourse petitioned as eq	uivalent to course listed above:		
Course No. & Title		No. Term/Sem Credits	Instructor
chool where course pe	titioned as equivalent was complete	ed & year:	
	at a field experience that you complience in the space below.	eted count as equivalent to a College	course, please
escribe the field experion of the field experience of the field experion of the field experience o	gram Coordinator/Director of Graduste objectives and content, verified by	ate Studies Section: There is no time li	mit for courses ourse syllabus or
Course Instructor/Progreviously taken. Course other evidence, are use	gram Coordinator/Director of Graduste objectives and content, verified by	ate Studies Section: There is no time li review of the previously completed co A faculty member from the Offering U	mit for courses ourse syllabus or
Course Instructor/Progreviously taken. Course other evidence, are use	gram Coordinator/Director of Gradustie objectives and content, verified by the determine course equivalence. Director of Graduate Studies must significant course in the studies of Graduate Studies must significant course in the studies of Graduate Studies of Graduate Studies must significant course in the studies of Graduate	ate Studies Section: There is no time li review of the previously completed co A faculty member from the Offering U	mit for courses ourse syllabus or nit and the student

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(Required) Program Coordinator/Director of Graduate Studies Sign-Off:			
I approve this Request for Waiver. I do not approve this Request for Waiver.			
Signature	Date		
TSPC Liaison Sign-Off (if necessary):			
I approve this Request for Waiver. I do not approve this Request for Waiver.			
Signature	Date		