

## PETITION FOR COURSE WAIVER, DIRECT EQUIVALENCIES, SUBSTITUTION

Student's Name: \_\_\_\_\_ Student's ID \_\_\_\_\_  
Name of Degree program: \_\_\_\_\_

**Waiver:** A waiver is granted only for formal coursework or experience which is directly related to a CityU required course **OR** program requirement. A waiver does not grant credit; it merely eliminates the necessity for taking a required course. Another course of the same level must be substituted/transferred to fulfill any approved waiver of credits required for the degree. Please refer to the Admissions & Advanced Standing section of the CityU catalog for additional information.

Waiver: CityU course or requirement and name \_\_\_\_\_

**Direct Equivalency:** When a student has satisfactorily completed a course at another recognized institution of higher learning which is the same in terms of content, level, and credit as a specific CityU course, students may petition to receive transfer credit for that course. If approved, a direct equivalency eliminates the need to take the CityU course and grants credit. Please refer to the Admissions & Advanced Standing section of the CityU catalog for additional information.

Direct Equivalency:

Transfer Course number and title with external school name \_\_\_\_\_

For CityU course number and title \_\_\_\_\_

**Substitution:** When program changes or other circumstances warrant, students may petition to substitute one CityU course for another CityU course. Please refer to the Admissions & Advanced Standing section of the CityU catalog for additional information.

Substitution: \_\_\_\_\_ For \_\_\_\_\_  
CityU course – desired substitution CityU course listed on program plan

**Rationale for the above request:** \_\_\_\_\_

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

**Please attach any supporting documents relevant to this request and give to Advisor for comment.**

\_\_\_\_\_  
Student's Signature may be electronic Date

**Advisor's Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Advisor's Signature may be electronic Date

**Advisor, give to Registrar's Office for continued processing.**

**For Internal Use Only**

Approved  Denied  Petition Not Required  Petition Sent back for more documentation

\_\_\_\_\_  
Administrative Faculty (Print name) Administrative Faculty (sig. may be electronic) Date

Reasoning for decision: \_\_\_\_\_

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

Date sent to Advisor and Student: \_\_\_\_\_ RO Initials for Distribution \_\_\_\_\_