

**PETITION FOR
COURSE WAIVER, DIRECT EQUIVALENCIES, SUBSTITUTION**

Student's Name: _____ Student 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 (signature may be electronic)

Date

Reasoning for decision:

Date sent to Advisor and Student: _____ **RO Initials for Distribution:** _____