

Petition for Course Waiver
Clinical and Translational Graduate Program

Date:

Name:

Advisor:

Name and number of course the waiver is requested for:

Please give a brief description of why you are requesting the waiver:

If you have taken a similar course previously at a different institution, please provide:

- 1) the course name, 2.) course number,3.) university where course was taken and 4.) course description for courses you have taken that you believe should be accepted as substitutes for course you are requesting the waiver**

If you are asking to substitute a course to be taken at WSU, please provide:

- 1.) the course name, 2.) course number and 3.) course description for the course(s) you would like to take as a substitute for the course you are requesting the waiver**

In your description of the waiver above, be sure to include adequate justification explaining why the substitute course is more appropriate for your program of study than the required course.

Please provide a copy of this document and a copy of your transcripts demonstrating the course(s) taken to the Graduate Coordinator and the chair of the Graduate Studies Committee

June 2019