Petition for Course Waiver

Wayne State University School of Information Sciences Master's Degree

Name:					_ WSU ID:	
Home Addr	Last ess:	First		n or Middle C	e City:	
					_	
Telephone:			E-mail:			
Concentrat	ion:					
1) Request a) Additi b) Writte stude to thi 2) Complete	written permissional evidence en explanation ont's overall Plas form. e this "Petition f	may be requested to main of why the waiver request	t) from the rele ke a decision. It is appropriat Ibmitted at the	evant Lead e. This will time of the	I Instructor to have the course credits waived. Il clearly describe how this waiver fits into the request. Attach a 250-400 word justificate.)
(1) Waived	course					
Term/Yr.	Dept. and Number	Course Title	è	Credits	Replacement Course Number	
Remarks, a	s necessary:					
Petition for Waiver:			Student's signature		Date	
Petition approved and waiver			Load instructor's signatu		ture Date	
for class recommended by: Petition authorized			Lead instructor's signatu Reviewed by		Date Date	
by SIS:					Date	