

Petition for Course Waiver

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| --- | --- | --- | --- |
| Student Name: | Enter text. | URID: | Enter text. |
|  |  |  |  |
| Program: | Choose program | Date: | MM/DD/YYYY |

***Instructions:*** *Read the instructions document regarding the criteria and procedures for waiving course work in the SMD. The completed form, with appropriate initials/signatures should be submitted to the Office for Graduate Education & Postdoctoral Affairs (G-9556 or Box 316). A course description, course syllabus and transcript with course highlighted should be included.*

***Guidelines for Course Waiver:***

* *Course must parallel University of Rochester course.*
* *Course must be completed within 5 years of the date of matriculation.*
* *Meet with Course Director to discuss waiver request.*
* *Course considered for waiver may be either core or elective.*
* *A grade of B- or higher must be received.*

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| **School of Medicine and Dentistry Course(s)** | | | | |
| **Course #** | **Title** | | **Credits** | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| **Course(s) Taken at other Institution(s) or Within Other Program(s) at the University of Rochester** | | | | |
| **Course #** | **Title** | | **Credits** | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| **Course Director Approval** | | | | |
| **Approved** | | **Course Director Name** | | **Initials** |
| Yes  No | | Director name | |  |
| Yes  No | | Director name | |  |
| Yes  No | | Director name | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Course Director Signature | | | | | | | |
|  | | | | | | | |
| Advisor Signature | | | | | | | |
|  | | | |  | | | |
| Senior Associate Dean Signature | Date | Comments | Approved | |  | Denied |  |

Revised 05/2018