

Petition for Course Waiver

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

***Instructions:***Complete form including the signatures of your Advisor and Program Director and the initial approvals from the course directors.  Submit to Grad\_Registrar@urmc.rochester.edu or to the Office of Graduate Education & Postdoctoral Affairs (G-9556) with course syllabus and transcript.  Once received, the form will be reviewed for the SAD-GEPA’s approval and signature.

***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** |
| YesNo | Director name |  |
| YesNo | Director name |  |
| YesNo | Director name |  |

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|  |
| Program Director Signature |
|  |
| Advisor Signature |
|  |  |
| Senior Associate Dean Signature | Date | Comments | Approved |[ ]  Denied |[ ]