**UIC SPH PETITION TO WAIVE A REQUIRED COURSE**

Please type this form.

**UIN#:**

**Last Name:**          **First Name:**

**Email Address:**

**Advisor Name:**

**Year/Term Matriculated to Degree Program:**

**Program Area:** \_\_\_BSTT  \_\_\_CHSC  \_\_\_EOHS  \_\_\_EPID  \_\_\_HPA

**Degree Sought:** \_\_\_ MPH   \_\_\_ MS  \_\_\_ MS in CTS    \_\_\_ MHA   \_\_\_ DrPH  \_\_\_PhD

**Program Type:**\_\_\_ PEP     \_\_\_Comprehensive

**Number of SPH terms you completed:**

**Have you submitted a Program Proposal?\*:**  \_\_\_Yes   \_\_\_ No

\*See SPH Academic Policies and Procedures Handbook for program proposal submission deadlines and rules on limits of transfer of credit hours.

**REQUEST WAIVER FOR:**Course#:  Title:

**JUSTIFICATION FOR COURSE WAIVER:**

Please provide a brief justification for your course waiver request:

**DOCUMENTATION REQUIRED:**

**For courses completed at UIC:**

* Academic Coordinators will attach an official record of your course grade.
* If a transfer of credit will also be requested for this coursework, please submit a "Petition for Transfer of Credit" form.

**For courses completed at a different university:**

* Transcript from university where course was taken.
* Course description and syllabus for the course taken. If a syllabus is not available, please submit a course description and any supporting documents which adequately describe the course.
* If a transfer of credit will also be requested for this coursework, please submit a "Petition for Transfer of Credit" form.

**PROCESS FOR SUBMISSION:**

1. Complete and sign this form; attach all required documentation; obtain your Academic Advisor’s signature; and forward to your Academic Coordinator.
2. The Academic Coordinator will attach an official record of your course grade if necessary, obtain the Division Director’s signature, and forward onto the appropriate party:
	* All petitions to waive an SPH core requirement approved by the division will then be forwarded to the Committee on Academic Progress (CAP) Chair for review and signature.
	* All petitions to waive a divisional requirement approved by the division are forwarded directly to the Office of Student Affairs for processing.
3. For petitions to waive an SPH core requirement, CAP Chair will approve, deny, or ask for further information. You will be informed via email of the decision. If approved, your petition will be forwarded to the Office of Student Affairs for processing.

**SIGNATURES:**For waiving course required by student’s division or SPH core requirement.

Student:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

   (print name)                     (signature)

Faculty Advisor:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

    (print name)                     (signature)

Instructor of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

(where applicable)  (print name)                    (signature)

Please indicate any special conditions of waiver (if no special conditions, leave blank):

**ADDITIONAL SIGNATURES:**Please choose the appropriate option below and obtain necessary signature of approval.

ο Petition to waive a divisional requirement (requires approval of student’s division director)

Division Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

    (print name)                     (signature)

ο Petition to waive an SPH core requirement (requires approval of the director of the division offering the core course and CAP)

Division Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

    (print name)                     (signature)

**COMMITTEE ON ACADEMIC PROGRESS (CAP) DECISION:**

Petition to waive SPH core course is approved:   ο Yes   ο No

CAP Chairperson:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

   (print name)                    (signature)

**OFFICE OF ACADEMIC AFFAIRS**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

       (print name)                     (signature)

**OFFICE OF STUDENT AFFAIRS**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

       (print name)                     (signature)