UNIVERSITY EXTENDED EDUCATION

Petition for Course Waiver

Date ______________________________

PLEASE PRINT OR TYPE

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>D.O.B.</th>
<th>CSUF Student ID or Social Security Number</th>
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Address                                                                 |
City                                                                 |
State                                                                 |
Zip                                                                   |

Home Phone # Work Phone # Email

Are you CSUF faculty/staff? ☐ Yes ☐ No

Please note: When a course waiver is available for a certificate class, it will be specifically stated under the “Eligibility” requirements in the “Program Information” (see the Extended Education catalog or web site for additional information).

The Petition for Course Waiver form must include the following:

1. $55 non-refundable fee.
2. A course description of an equivalent course, name of institution and date of completion (use the space below or attach supplemental documentation to this form); or a letter of recommendation from a supervisor that documents equivalent work experience.

Course Information

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

** Certificate candidates may only waive one course per certificate.

Method of Payment

Card Number ___________________________________________________ Expiration Date (Mo./Yr.) __________________________
(Visa/MasterCard/American Express, Discover)

_________________________________________________________________
_________________________________________________________________

☐ CHECK or MONEY ORDER (Payable To CSUF)

If unable to print this form, please call 657.278.2611 and request the Petition for Course Waiver form.
When completed, please send to: CSUF Extended Education, P.O. Box 6870, Fullerton, CA 92834-6870
Attention: Brandy Schaal; or Fax: 657.278.5445; or Email: bschaal@fullerton.edu

(Office Use Only)

☐ Approved     ☐ Denied

Comments

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

UEE Administrator Signature                                      Date