

# UNIVERSITY EXTENDED EDUCATION

## Petition for Course Waiver



Date \_\_\_\_\_

### PLEASE PRINT OR TYPE

\_\_\_\_\_  
Last Name First Name D.O.B. CSUF Student ID or Social Security Number

\_\_\_\_\_  
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

\_\_\_\_\_  
Course Petitioning To Waive Requesting Registration In This Course

Please allow approximately 5 business days for processing. You will be notified by mail or telephone when a decision has been made regarding your request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### Method of Payment

Last Four Digits of Card Number Only \_\_\_\_\_ Provide complete card number in person or by phone at time of registration. Expiration Date \_\_\_\_\_  
(Visa/MasterCard/American Express, Discover)

\_\_\_\_\_  
Name As It Appears On Card Signature (Authorization To Charge)

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**

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(Office Use Only)

Approved  Denied

\_\_\_\_\_  
Comments  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
UEE Administrator Signature

\_\_\_\_\_  
Date