

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

Card Number _____ Expiration Date (Mo./Yr.) _____
(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

(Office Use Only)

Approved Denied

Comments

UEE Administrator Signature

Date