

MARQUETTE UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY
PETITION FOR COURSE WAIVER OR TRANSFER

Student's Name _____ Date _____

MU Course Requested to be substituted _____

Department, Number, and Title of Course Considered to be Equivalent to the MU Course

Institution Where Taken _____

Date Taken _____ Number of Credits Earned _____ Grade Obtained _____

1. Attach a copy of the original course syllabus (including information regarding required readings, course activities, assignments, examinations, and other relevant data). Attach any other information regarding significant aspects of the course which are not readily apparent from the syllabus. Note that courses taken more than 6 years previously are not normally waived.
2. Outline the correspondence between the Marquette course that one is requesting to be substituted and the one previously taken if it is not readily apparent. Keep in mind that the department is interested in assessing equivalence and not duplication of course content. Syllabi for our current departmental courses are available from the department academic coordinator for comparison purposes.
3. Submit this material to your advisor. Advisors will recommend acceptance or rejection of this petition to the department chair. If the advisor and chair disagree regarding the petition, the petition will go to the full department faculty for a vote. Students will be given a copy of this form after a decision has been reached.
4. If the department approves the transfer of course credits, students must also complete the first section of the "Master's Degree Transfer of Credit Request" form downloadable from the Marquette Graduate School website. This must then be submitted to the department chair for processing and the Graduate School must also receive an official transcript for the course in order for the transfer to become official and the credits to count toward the degree.

Transfer of credits recommended: Yes _____ No _____

Reasoning: _____

Advisor's Signature _____ Date _____

Transfer of credits recommended: Yes _____ No _____

Reasoning: _____

Chair's Signature _____ Date _____

Department recommends transfer of credits: Yes _____ No _____