

**MARQUETTE UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY**

PETITION FOR COURSE WAIVER OR SUBSTITUTION

Student's Name _____ Date _____

MU Course Requested to be Waived or Substituted _____

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

Institution Where Taken _____

Date Taken _____ 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 that are not readily apparent from the syllabus. Note that courses taken more than six years previously are not normally waived.
2. Outline the correspondence between the Marquette course that one is requesting to be waived and the course 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.

Course waiver recommended: Yes _____ No _____

Reasoning: _____

Advisor's Signature _____ Date _____

Course waiver recommended: Yes _____ No _____

Reasoning: _____

Chair's Signature _____ Date _____

Waiver approved _____ Waiver rejected _____