

Petition for Course Waiver

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| --- | --- | --- | --- |
| Student Name: | Enter text. | URID: | Enter text. |
|  |  |  |  |
| Program: | Choose program | Date: | MM/DD/YYYY |

***Instructions:***Complete form including the signatures of your Advisor and Program Director and the initial approvals from the course directors.  Submit to [registrar@rochester.edu](mailto:registrar@rochester.edu) with course syllabus and transcript.  Once received, the form will be reviewed for approval.

***Guidelines for Course Waiver:***

* *Course must parallel University of Rochester course.*
* *Course must be completed within 5 years of the date of matriculation.*
* *Meet with Course Director to discuss waiver request.*
* *Course considered for waiver may be either core or elective.*
* *A grade of B- or higher must be received.*

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| **School of Medicine and Dentistry Course(s)** | | | | |
| **Course #** | **Title** | | **Credits** | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| **Course(s) Taken at other Institution(s) or Within Other Program(s) at the University of Rochester** | | | | |
| **Course #** | **Title** | | **Credits** | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| **Course Director Approval** | | | | |
| **Approved** | | **Course Director Name** | | **Initials** |
| Yes  No | | Director name | |  |
| Yes  No | | Director name | |  |
| Yes  No | | Director name | |  |

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| --- |
|  |
| Program Director Signature Date |
|  |
| Advisor Signature Date |

**Submit to** [registrar@rochester.edu](mailto:registrar@rochester.edu)