

Petition for Waiver

Name: _____
Academic Program: _____ SS#: _____ - _____ - _____
Home Address: _____ LC ID#: _____
City/State/Zip: _____
LC Email: _____ Ph # _____ Work Ph # _____
Signature: _____ Date: _____

Lewis & Clark College Graduate School of Education and Counseling Course I am Petitioning
Course number and description

Department	Course #	Course Title/Description	Credits
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PETITION FOR COMPETENCY EQUIVALENCY

A waiver is different from transferring degree-applicable graduate credit from an accredited college or university into your academic program. If you wish to transfer credit, please complete the Petition for Transfer Credit.

A waiver is requested when you believe you possess the competencies listed for a particular course required for your program. If you believe taking a required course would duplicate previous efforts, you may petition for a waiver of coursework.

A waiver of requirement allows you to not take a required course and indicates you have met the course requirements and associated competencies that are associated with this course. However, **a waiver does NOT alleviate the semester hour requirement associated with completing any degree.** This statement does not apply to licensure only students.

To petition for a waiver:

- 1) Complete this form for each course you want to waive.
- 2) Provide at least one of the following forms of documentation or justification for your petition:
 - Description, verification and a letter or reference of competency from work or life experience.
 - Video or audio tapes or portfolio demonstrating skills.
 - Evidence of training, workshops, etc., including information regarding content and instructor's qualification that have provided you with competency.
- 3) Submit completed for and supportive documentation to your academic advisor.

OFFICE USE ONLY: TO BE COMPLETED AFTER FULL ADMISSION

Recommended: Yes ☐ No ☐ Program to apply waiver _____

Total Semester Credits Approved: _____ out of _____ total credits required for petitioned class

Comments: _____

Reviewer Signature: _____ Date: _____

Graduate Registrar Signature: _____ Date: _____