Petition for Graduate Course Waiver

Data Science and Engineering Graduate Programs

https://umaine.edu/dse/graduate-programs/

University of Maine

**INSTRUCTIONS:** Please submit this completed form with student signature to the Administrative Support Supervisor ([kkidder@maine.edu](mailto:kkidder@maine.edu)) and the appropriate graduate coordinator ([harlan.onsrud@maine.edu](http://harlan.onsrud@maine.edu)). The form will then be distributed to the appropriate faculty members for assessment and filed for use with the student’s program of study. This form includes two pages.

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request a waiver for the following course (include course designator, number and title):

\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have taken the following course(s) that I believe cover most of the subject matter in the named course above:

1. Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_Course Number: \_\_\_\_\_\_ Grade: ­­­­\_\_\_\_\_\_\_ Credits: \_\_\_\_\_

URL for course description (or insert copy of description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_ Grade: ­­­­\_\_\_\_\_\_\_ Credits: \_\_\_\_\_

URL for course description (or insert copy of description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University: \_\_\_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_ Grade: ­­­­\_\_\_\_\_\_\_ Credits: \_\_\_\_\_

URL for course description (or insert copy of description here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I believe my success in the above course(s) soundly confirms my depth of knowledge in the area.

I am willing to take an examination in the subject area for which I am requesting a waiver, if adequate performance on such an examination is deemed an advisable prerequisite to the granting of the waiver.

Note: Unless a transfer of credits is appropriate and approved on a student’s Program of Study in addition to the waiver, additional course credits are typically selected in consultation with a graduate advisor to fulfill the total credits required for the degree.

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**Graduate Student Signature** **Date Approved**

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**Faculty Signature Approving Waiver Date Approved**

(regular instructor of the course being waived)

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**Graduate Coordinator**  **Date Approved**