

# PETITION FOR COURSE CREDIT AND/OR WAIVER

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

External Course Name and Number: \_\_\_\_\_

Contact Hours Per Week: \_\_\_\_ Taken at: \_\_\_\_\_

Equivalent Emory Course: \_\_\_\_\_

Contact Hours Per Week: \_\_\_\_\_

I would like to (select one): \_\_\_\_ Transfer \_\_\_\_ Waive the credits at Emory.

DGS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete one form per each course you wish to transfer/waive and attach:

- 1) Course description
- 2) Course syllabus
- 3) Signed letter from your advisor certifying proficiency, including method of assessment.

If the course is a non-chemistry course, include a description of the relevance of the course signed by your advisor.

*Submit to the Graduate Coordinator*