

PETITION FOR COURSE CREDIT AND/OR WAIVER

Student Name: _____

External Course Name and Number: _____

Contact Hours Per Week: _____

Taken at: _____

Equivalent Emory Course: _____

Contact Hours Per Week: _____

I would like to:

Transfer _____ credits to Emory.

Waive _____ credits at Emory.

DGS Signature: _____

Please complete one form per course you wish to transfer or apply towards a waiver. 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.