

THE UNIVERSITY OF AKRON
COLLEGE OF BUSINESS ADMINISTRATION

PETITION FOR WAIVER
OF
FOUNDATION COURSE

Complete and return to:

Office of the Director
Graduate Programs in Business
The University of Akron
Akron, OH 44325-4805
Phone: (330) 972-7043
Fax: (330) 972-6588

Student ID or Social Security # _____

Last Name First Middle

Street Address city state zip

Phone No: Home _____ Work _____

Degree Program _____ Concentration _____

Email Address: _____

Which course* are you petitioning to waive?

Course Number Course Title

What relevant course work have you completed to waive aforementioned course?

Course description (syllabus, text, etc.) is required; therefore, submit these materials if available.

Signature of Student Date

OFFICE USE:

_____ Approved _____ Denied

COMMENTS:

Signature of Graduate Director Date

*This form is to be used to petition for waiver of one foundation course only. Use another form if additional waivers are sought.