Adult Development & Aging Doctoral Program
A Joint Program of
Cleveland State University & The University of Akron





## Petition for Waiver of Course/ Transfer of Credit

## **Procedure**

It is the student's responsibility to gather the required documents and obtain petition signatures in the following order: Advisor, Chair of ADA Program at his or her university, and Class Instructor.\*

## **Required Documentation**

Attach the following documentation to this form:

Requesting Waiver for Course (Name of course and course number)

- Syllabi for both courses (the one you have taken and the one you are petitioning NOT to take)
- Transcript that verifies course completion in good standing or work product if previous experience was not a formal course.

## Name of Course

Reason for Requesting Waiver		
Prior Experience (Name of previous course)		
Location of Prior Experience (Name of School)		
Signatures		
Student:	Print Name:	Date:
Advisor:	Print Name:	Date:
Program Chair:	Print Name:	Date:
Course Instructor:	Print Name:	Date:

<sup>\*</sup>At least two faculty members from the ADA Program must sign this form. For example, in the event that the Advisor, Program Chair, and Class Instructor are the same faculty member, a signature must be obtained from a second faculty member from the ADA Program.