Course Waiver Petition

To submit a course waiver petition, attach all requested paperwork and submit the packet to the Student Affairs Office. Lower-division courses may only be substituted for lower-division courses and the same rule applies for upper-division courses. For Community College course articulation use assist.org; NO petition needed. Writing petitions must be submitted directly to HIB 420. BioSci Petitions require an online submission: BioSci Website> Students> Undergraduates> Forms & Services> Course Equivalency Petition. Courses from other departments other than Population Health & Disease Prevention will be submitted directly to the specific department for review.

Student Name: __________________________________________________ SID#: _______________________
Major: ___________ Cell Phone: (_____)_____________________ Email: _______________________@ UCI.edu

I. Course To Be Waived (One Course Per Petition):
   Course Code: _________________ Course Title:________________________________________________
   Department: __________________________________________________________ Units: ____________

II. Course Substitution (Completed Course)
   Course Code: _________________ Course Title:________________________________________________
   Institution: _____________________________________________________________________________
   Units: ________ Grade Received: ________ □ Sem □ Qtr; Term Taken /Projected: ______________

III. If approved, indicate which section the course will apply in DegreeWorks:__________________________

IV. DOCUMENTATION: The following must be attached for review:
   a. Course descriptions from both the outside institution and UCI catalog.
   b. Syllabus from completed course (DO NOT SUBMIT ORIGINALS, copy on one side only)
   c. Indicate your NAME & UCI Student ID # on all documents.

   Student Signature: _____________________________________ Date: ______________________

STUDENT AFFAIRS OFFICE: ☐ Approved ☐ Denied
Received by: _________________________________________________ Date: _______________________

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