

**MARQUETTE UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY
PETITION FOR COURSE WAIVER OR SUBSTITUTION**

Student's Name _____ Date _____

MU Course Requested to be Waived or Substituted _____

Department, Number, and Course Title Considered to be Equivalent to the MU Course

Institution Where Taken _____

Date Taken _____ Credits Earned _____ Grade Obtained _____

1. Attach a copy of the original course syllabus (including information regarding required readings, course activities, assignments, examinations, and other relevant data). Attach any other information regarding significant aspects of the course that are not clear from the syllabus. Note that courses taken more than six years previously are not normally waived.
2. Outline the correspondence between the Marquette course that one is requesting to be waived and the course previously taken if it is not clear. Keep in mind that the department is interested in assessing equivalence and not duplication of course content. Syllabi for our current departmental courses are available from the department academic coordinator for comparison purposes.
3. Submit this material to your advisor. Advisors will recommend acceptance or rejection of this petition to the department chair. If the advisor and chair disagree regarding the petition, the petition will go to the full department faculty for a vote. Students will be notified by the director of training after a decision has been reached and the original copy will be kept in the student's file.

Course waiver recommended: Yes No

Reasoning: _____

Advisor's Signature _____ Date _____

Course waiver recommended: Yes No

Reasoning: _____

Chair's Signature _____ Date _____

Waiver approved

Waiver rejected