

WESTERN OREGON UNIVERSITY

PETITION TO SUBSTITUTE, OR DEMONSTRATE COMPETENCY FOR A COURSE REQUIRED IN AN EDUCATION AND/OR LICENSURE GRADUATE PROGRAM.

Name: _____ Student Email: _____
Address: _____ Program: _____
_____ Advisor: _____

State your request clearly:

Explain why the waiver/substitution/competency demonstration should be granted and how the requirements have been met. Include information concerning previous courses, experiences, examinations. Attach supporting documents, if any, and indicate where the originals are on file:

Approve Deny Comments: _____

Advisor Signature: _____ Date: _____

Approve Deny Comments: _____

Program Director Signature: _____ Date: _____

Approve Deny Comments: _____

Director of Graduate Programs

Signature: _____ Date: _____