

WESTERN OREGON UNIVERSITY

GRADUATE PETITION FORM

Name: _____ Address: _____
V-number: _____
Email address: _____
Phone: _____ Cell Home Work Advisor: _____

- **Petition to waive, substitute, or demonstrate competency for a course required in an education and/or licensure graduate program.**

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 course, experiences, and examinations. Attach supporting documents, if any, and indicate where the originals are on file.

Student's Signature: _____

Approve Disapprove Comments: _____

Advisor's Signature: _____ Date: _____

Approve Disapprove Comments: _____

Program Director's Signature: _____ Date: _____

Approve Disapprove Comments: _____

Director of Graduate Programs Signature: _____ Date: _____