GRADUATE PETITION/WAIVER FORM

SUBMIT COMPLETED FORM & SUPPORTING DOCUMENTS TO gradnurseadvisor@ucf.edu OR FAX TO 407-823-5675

Name: ___________________________________________________ Date: ________________
First                        Middle Initial                        Last

UCFID: ___________ Phone: ___________________ Knightsmail: _________________________

Program:  
☐ MSN  ☐ DNP  ☐ PhD  ☐ Certificate

Specify Track: _______________________________________

CHECK ONE:
☐ Transfer coursework  ☐ Change to Plan of Study
☐ Change of track  ☐ Waiver/course substitution

DESCRIBE REQUEST AND REASON TO SUPPORT REQUEST (attach additional pages as needed):

FOR TRANSFER COURSEWORK AND COURSE SUBSTITUTION: Supporting documents must be provided for review: (1) Documentation of course grade, and (2) Syllabus must include course objectives, content outline, assignment descriptions, and textbook.

<table>
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<th>Course Number</th>
<th>Taken at</th>
<th>Date</th>
<th>Grade</th>
<th>Substitution for UCF Course</th>
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Student Signature: ___________________ Date: ________________

FOR OFFICE USE ONLY

☐ Approved  ☐ Not Approved

Department Chair Signature: ___________________ Date: ________________

☐ Nursing Systems, Dr. Joellen Edwards
☐ Nursing Practice, Dr. Maureen Covelli

Phone: 407.823.2744 • Fax: 407.823.5675 • Web: nursing.ucf.edu