



UNIVERSITY OF CENTRAL FLORIDA

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.

| Course Number | Taken at | Date | Grade | Substitution for UCF Course |
|---------------|----------|------|-------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

Student Signature: _____ Date: _____

-----FOR OFFICE USE ONLY-----

Approved Not Approved

Department Chair Signature: _____ Date: _____

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