General Education
Waiver by Course Completion

Use this form if you wish to petition for the substitution of university-level course work from other institutions for Capital University UC classes. Petitions involving non-academic experiences must be submitted to UCAP.

Name: _______________________________ Student ID #: __________________
Major: __________________________ Advisor: __________________ SUB Box #: __________
Anticipated grad. date: ___________ Start date: ___________ Class: __________________________
Mailing address: __________________________

I. What UC course are you petitioning?

II. What course(s) are you offering in place of this course?

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<tr>
<th>Course #</th>
<th>Title</th>
<th>Where taken</th>
<th>Grade</th>
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(please attach syllabi, course description and other supporting materials)

III. Specify how these courses, taken together, meet the goal and learning objectives for the UC course you are petitioning for waiver, as listed in the University Bulletin. Attach separate letter if desired.

A.

B.

C.

Reviewer – please initial: Approved: __________ Not Approved: __________
Reasons for denying approval:

G.E. Director ___________________________ Date __________
Cc: Registrar, Advisor

Revised 12/09