



Department of Bioengineering

UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

Petition for a Core Class Waiver (MS)

*The deadline for completing this form is Census Day in the same semester as the class for which you are petitioning a waiver. **Students requesting a Core Class Waiver must schedule a separate exam with the course instructor to verify the knowledge claimed in this petition.***

For claims based on previous coursework, you must identify a course that meets all Transfer of Credit criteria as can be found in the Graduate School Rules. You must also submit a request for Transfer of Credit to the Graduate School.

You may also make this claim on the basis of professional and/or academic experience, in which case you may not transfer/apply previous credit. If a waiver is approved, additional credit must be earned to meet degree requirements.

Course Instructor Review

The Course Instructor must sign this form before you submit your petition to the Graduate Affairs Committee.

Student Name: _____ Student ID: _____

Email: _____

Course Name: _____ Course #: _____

Clearly state your request and reason for your petition. Please provide supporting documents (transcripts, course syllabus, etc.) that will help the course instructor and Graduate Affairs Committee make an appropriate decision. Petitions with incomplete information will not be considered.

I have tested this student's knowledge and support this petition.

Course Instructor Name: _____

Course Instructor Signature: _____ Date: _____

Departmental Review

Approved Not approved

Graduate Affairs Committee Chair Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____