



FISHER COLLEGE

OFFICE OF THE REGISTRAR

PETITION FOR ACADEMIC WAIVER OF REQUIREMENTS/REGULATIONS

Instructions: This petition should be completed by the student, signed by the student's Faculty Advisor (Day Division) or by the Site Coordinator (DAPS), and then forwarded (along with all supporting documents) to the appropriate Division Chair in Boston. A copy of the student's degree audit should be attached to this form. The Division Chair will then forward this petition to the Office of the Registrar for processing and distribution.

PLEASE TYPE OR PRINT

Student's Name: _____ ID#: _____

Student's E-mail: _____

Division: Day ☐ DAPS ☐ If DAPS, Campus: _____

Major: _____ Bachelor's ☐ Associate's ☐ Cert. ☐

Waive Course: _____ and substitute with course: _____

Additional Comments: _____

Statement explaining extenuating circumstances: Please site reasons why you feel your request should be granted (attach and appropriate/required documents or an additional sheet if more space is needed).

Student's Signature

Date

Comments: _____

Yes _____ No _____

WAIVER RECOMMENDED

Faculty Advisor/DAPS Director

Date

Comments: _____

Yes _____ No _____

WAIVER RECOMMENDED

Program Director

Date

Registrar's Office Use Only:

Date Received: _____ Processed by: _____ on: _____

Once signed and processed, the following copies will be sent out by the College Registrar's Office: