



PETITION FOR REVIEW OF ADDITIONAL WAIVERS AND SUBSTITUTIONS

This application is for newly admitted students that would like to request a review of their waivers based on new information ***before*** matriculation into the Graduate School. Students ***must*** provide all supporting materials needed for evaluation with this application.

NAME: _____ STUDENT ID # _____

ADDRESS: _____

Telephone: _____ Work: _____ Home/Cell: _____

Email Address: _____

CURRENT DEGREE PROGRAM: _____ Entry Term: SPRING FALL 20_____

Please select the courses to be evaluated:

Waivers

<u>Requested</u>	Approve/Denied
_____ GR521-Statistics	_____
_____ GR522-Econ Env of Firm	_____
_____ GR 523- Marketing Management	_____
_____ GR 524- Acc for Dec Making	_____
_____ GR525-Fin Statement Analysis	_____

Substitutions (Masters in Accountancy program)

(Certain AC courses apply to the Certificate's in AC or Fraud and forensics AC)

<u>Requested</u>	Approve/Denied
_____ AC611-Fin Accounting Problems I	_____
_____ AC612-Fin Accounting Problems II	_____
_____ AC621-Cost Accounting	_____
_____ AC730-Accounting Info Sys	_____
_____ AC741-Auditing	_____
_____ AC750-Federal Income Taxation	_____

Reasons for Denial: (For office use only)

Substitutions (Masters in Information Technology program)

<u>Requested</u>	Approve/Denied
_____ CS603-Object Oriented App Dev't	_____
_____ CS605-Data Mgmt. & Systems Model	_____
_____ CS607-Tech Infra of Info Systems	_____

*******PLEASE NOTE*******

- Once reviewed, students will receive written notification as to the status of their request.
- There is no guarantee that the request for a reevaluation of waivers or substitutions can or will be honored.

My signature below indicates that I am requesting to have my file evaluated for additional waivers or substitutions.

SIGNATURE _____ DATE: _____

Applicant/Students Signature

If returned via email attachment signature and date implied. If returned by drop-off, fax or mail, please sign and date.

-----***For office use only below this line***-----

SIGNATURE _____ DATE: _____

Signature of Director of Graduate Admissions or authorized agent