



Petition for Exception for Course Waiver, Replacement, or Transfer Credit

Student Name _____ Student ID # _____

Physics Major Emphasis: Pre-Professional Applied Pre-Med

PLEASE PRINT AND ATTACH A COPY OF YOUR DARS TO THIS FORM

Course for which exception is requested:

U of U Course Title _____

U of U Catalog Number (i.e. PHYS 2210) _____

Check ONE and provide justification below:

Course Waiver

Course Replacement

U of U Course Title _____

U of U Catalog Number (i.e. PHYS 2210) _____

Transfer Credit

Name of institution where this course was taken _____

Course name at other institution _____

Catalog Number at other institution (i.e. PHYS 201) _____

Grade Earned _____

Justification for proposed exception (use a separate page if more space is required):

Student Signature

Date

Department Use Only

Action: Approved Not Approved

Signature, Director of Undergraduate Studies or Designee

Date

DARS Exception entered by:

Name

Date