Exemption from a Required Course or Other Degree Requirement Petition

Please complete the requested information below and attach 1) the course description, 2) the course syllabus, and 3) the Official Transcript showing the grade that you received for the course (if an Official Transcript with the grade is already on file in your academic record with the Office of Student Affairs, please mark an “X” below indicating that it is on file).

Obtain your Academic Advisor’s and the expert Faculty Member’s approval (in lieu of a handwritten signature on this form, you may attach to this form an email approval from your Advisor/expert Faculty member).

IMPORTANT TO NOTE: Approval of an exemption does NOT decrease the minimum number of course credits required for the Master of Science degree.

Print Name: ___________________________________________  Student ID #: ____________________

REQUESTING EXEMPTION FROM:
• Course Number and Title: ________________________________________________________________

or
• Other Degree Requirement (describe): ______________________________________________________

MARK AN “X” BELOW TO INDICATE THE APPLICABLE EQUIVALENCE:

_____ Based on this Equivalent Course:

Course Number and Title: ________________________________________________________________

University/Department: ________________________________________________________________

Semester and Year Taken: __________________________

Grade Received: __________________________

Credits Received: __________________________

Course Description: __ attached

Course Syllabus: __ attached

Official Transcript: __ attached  __on file in Office of Student Affairs

NOTE: If you are seeking to transfer credit for the course listed above to your Friedman School degree, you must also submit a Petition for Transfer of Credit Form.

_____ BASED ON EXAMINATION (The exemption exam must be taken no later than two weeks after the first meeting of the course in the semester in which the student would be required to take the course.)

_____ BASED ON PROFESSIONAL COMPETENCE (Please attach description or other evidence of professional competence for evaluation.)

_____________________________________________  Date _________
Academic Advisor Signature

_____________________________________________  Date _________
Expert Faculty Signature (as needed)

Please submit completed form to the Friedman Office of Student Affairs, Jaharis, 123, 150 Harrison Avenue, Boston, MA