

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 (e.g., instructor of the Friedman course or your Division Chair or Program Director) approval. (In lieu of a signature on this form, you may also attach email approval from your Advisor/expert Faculty member.)

IMPORTANT TO NOTE: Approval of an exemption does NOT decrease the minimum number of course semester hour units required for your degree.

Print Name: _____ Student ID #: _____

REQUESTING EXEMPTION FROM:

• Course Number and Title: _____

or

• Other Degree Requirement (describe): _____

MARK BELOW TO INDICATE THE APPLICABLE EQUIVALENCE:

BASED ON ONE OR MORE EQUIVALENT COURSES:

(Please attach sufficient documentation to demonstrate mastery of the required material through previous classes, including course number & title, University department, and name of instructor, as well as the one-paragraph course description and documentation of the grade you received such as a screenshot of your transcript. A complete syllabus may also be needed if the course title and one-paragraph description does not explicitly list the required content.)

NOTE: If you are seeking to transfer semester hour units for the course listed above to your Friedman School degree, you must also submit a Petition for Transfer of Semester Hour Units 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 unless otherwise note by the instructor.)

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

Academic Advisor Signature

Date _____

Expert Faculty Signature (as needed)

Date _____

Please submit completed form to Friedman's Registrar (michelle.frankfort@tufts.edu)