Central Michigan University  
School of Rehabilitation and Medical Sciences  
Graduate Program in Physical Therapy  

Petition for Course Waiver

Section I – to be filled out by the student

Student’s name: _____________________________ _____________________________ Date: ______________________

Course name and number for which a waiver is being requested. (Use a separate form for each course): __________________________
____________________________________________________________________________________________________________

Describe your prior educational experiences that are to serve as the basis for the petition: ______________________________________
____________________________________________________________________________________________________________

List the materials provided in support of your petition: __________________________________________________________________
____________________________________________________________________________________________________________

Section II – to be filled out by the instructor of the course being considered for the waiver

Course instructor’s name: ________________________________________________________________

The student submitting this form is petitioning the Physical Therapy Program faculty for a waiver of a required course, which you teach in the curriculum. In considering this petition we would appreciate your comments and recommendation. Our concern is that if a course is to be waived the student must have had previous experiences which provided comparable content: that the student had achieved an acceptable level of knowledge and skill in the area; that the current level of knowledge and skill is sufficient; and that the context of their learning experiences were appropriate for their physical therapy education.

After reviewing this petition and the supporting materials provided by the student, my recommendation is as follows:

_____ Recommend approval of the petition

_____ Recommend approval of the petition after the student completes the following tasks or activities: _________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

_____ Recommend that the following activities be substituted for the course under consideration: ______________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

_____ Recommend denial of the petition

Course Instructor’s signature: _____________________________________________________________  Date: ___________________

Section III – It is the responsibility of the student to insure that this section is completed.

_____ Required activities completed

Course Instructor’s signature: _____________________________________________________________  Date: ___________________

Section IV – to be filled out by the Physical Therapy Program Director

_____ Student transcripts and grades verified

   Disposition of the petition: ____________________________________________________________

_____ Student notified of the faculty decision

Physical Therapy Program Director’s signature: ______________________________________________  Date: ___________________

C:/Physical Therapy/Forms/Student Forms/Petition for Course Waiver
8/1/00