

*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: \_\_\_\_\_