



**GRADUATE PETITION/WAIVER FORM**

SUBMIT COMPLETED FORM & SUPPORTING DOCUMENTS TO [gradnurse@ucf.edu](mailto:gradnurse@ucf.edu) OR FAX TO 407-823-5675

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Middle Initial Last*

PID: \_\_\_\_\_ Phone: \_\_\_\_\_ Knightsmail: \_\_\_\_\_

Program:  MSN  DNP  PhD  Certificate

Specify Track: \_\_\_\_\_ Graduate GPA: \_\_\_\_\_

**CHECK ONE:**

- Waiver/course Substitution Requests for Nursing Admission Requirement
- Waiver/course Substitution Request for Program Course Requirement
- Change to Plan of Study
- Other:

DESCRIBE REQUEST AND REASON TO SUPPORT REQUEST (attach additional pages as needed):

**FOR COURSE SUBSTITUTION:** Supporting documents must be provided to the committee: (1) Documentation of course grade, and (2) Syllabus must include course objectives, content outline, assignment descriptions, and text book.

| Course Number and Name | Taken at | Date | Grade | Substitution for UCF Course |
|------------------------|----------|------|-------|-----------------------------|
|                        |          |      |       |                             |
|                        |          |      |       |                             |
|                        |          |      |       |                             |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----**FOR OFFICE USE ONLY**-----

Approved  Not Approved Date: \_\_\_\_\_

Associate Dean, Graduate Affairs Name: \_\_\_\_\_ Signature: \_\_\_\_\_

College of Nursing

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