



COURSE WAIVER FORM

Extension and International Programs

Please Print Clearly

_____	_____	_____
Date	CWID	Email
_____	_____	_____
Last Name	First Name	Date of Birth
_____	_____	_____
Street Address	City, State	Zip Code
_____	_____	_____
Phone Number (Mobile)	Phone Number (Work)	

Are you CSUF faculty/staff? YES NO

Please note: When a course waiver is available for a certificate class, it will be specifically stated under the "Eligibility" requirements in the "Program Information" (see the website for additional information).

The Petition for Course Waiver form must include the following

1. \$55 non-refundable fee.
2. A course description of an equivalent course, name of institution and date of completion (use the space below or attach supplemental documentation to this form); or a letter of recommendation from a supervisor that documents equivalent work experience.

Course Information

_____	_____
Course Petitioning To Waive	Requesting Registration In This Course

Please allow approximately **5 business days** for processing. You will be notified by mail or telephone when a decision has been made regarding your request. **Certificate candidates may only waive one course per certificate.**

Method of Payment

(\$55 non-refundable fee payable by Card, Check, or Money Order)

CHECK or MONEY ORDER (Payable to CSUF)

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Last 4 digits of Card Only

Expiration Date

Name as it appears on card

Signature (Authorization to Charge)

Date

*Please provide complete card number at time of registration.

If unable to print this form, please call [\(657\) 278-2611](tel:6572782611) and request the *Petition for Course Waiver* form.

Email or mail completed registration form to

Email: EIPconnect@fullerton.edu

Mail: Student Services
 P.O. Box 6870
 Fullerton, CA 92834-6870

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(Office Use Only)

Approved Denied

Comments

EIP Administrator Signature

Date

Questions? Please call [\(657\) 278-2611](tel:6572782611) or contact EIPconnect@fullerton.edu.

