

**ROLLINS SCHOOL OF PUBLIC HEALTH**  
**Office of Student Services**

**COURSE PETITION**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Department

\_\_\_\_\_ **Course Substitution**

I would like to take \_\_\_\_\_

RSPH Course Name and Number

\_\_\_\_\_  
Credit Hours

in place of \_\_\_\_\_

RSPH Course Name and Number

\_\_\_\_\_  
Credit Hours

\_\_\_\_\_ **Course Waiver**

I would like to waive \_\_\_\_\_

RSPH Course Name and Number

\_\_\_\_\_  
Credit Hours

\_\_\_\_\_ **Transfer Credit**

\_\_\_\_\_  
Course Name and Number

\_\_\_\_\_  
Credit Hours

\_\_\_\_\_  
College/University

This course was \_\_\_\_\_ credit hour(s) during a:      semester      quarter .

This course credit      was      was not used toward another degree.

*When requesting transfer credit, please also indicate the relevant course substitution.*

**Attach the following:**

- A transcript showing the course upon which the petition is based.
- A syllabus from the course upon which the petition is based.

**Approvals**

\_\_\_\_\_  
Department Chair or Approved Designee

\_\_\_\_\_  
Date

**Please check the appropriate box:      Approval      Disapproval**

**If this petition is to request a waiver or transfer of a School, Department, or Program core course, this form must be signed by the Department Chair or Approved Designee responsible for that course.**

\_\_\_\_\_  
Course Department Chair or Approved Designee

\_\_\_\_\_  
Date

**Please check the appropriate box:      Approval      Disapproval**

With department approval, an email may be attached in lieu of electronic or physical signatures.