READING AREA COMMUNITY COLLEGE

PETION FOR WAIVER OF COURSE

(PLEASE USE BLUE OR BLACK INK PEN ONLY)

Social Security Number		Student ID Number		Date	
PRINT: Last Name		First Name		MI	
Address					
		Concentration			
	D COURSE(S) BY CU			OPOSED SUBSTITU	
COURSE #	TITLE	CREDITS	COURSE #	TITLE	CREDITS
			-		
			-		
			-		
Reason for Peti	tion:				
Student's Signature					
☐ RECOMMEND APPROVAL			☐ RECOMMEND PETITION BE DENIED		
ACADEMIC ADVISOR'S SIGNATURE			DATE		
☐ RECOMMEND APPROVAL			☐ RECOMMEND PETITION BE DENIED		
DIVISION CHAIR'S SIGNATURE			DATE		