

SIGNATURE LEARNING WAIVER BY COURSE COMPLETION

Use this form if you wish to petition for the substitution of university-level course work from other institutions for Capital University UC classes. Attach all pertinent information to the completed form (syllabi, course description, and evidence of completion) and forward it to signaturelearning@capital.edu. Petitions involving non-academic experiences must be submitted to UCAP.

STUDENT INFORMATION

Name: _____ **Student ID# or DOB:** _____

Start Term (e.g, Fall 2023): _____ **Class** (first-year, sophomore, etc.): _____

Major(s): _____ **Advisor(s):** _____

Email: _____

COURSE INFORMATION

1. **What UC course are you petitioning?** _____

2. **What course(s) are you offering in place of this course?**

Course #:	Title:	Where Taken:	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. **Specify how these courses, taken together, meet the goal and learning objectives for the UC course you are petitioning for waiver, as listed in the University Bulletin. Attach a separate letter if desired.**

APPROVAL

Approved **Not Approved**

Comments: _____

S.L. Director Signature: _____ **Date:** _____

Cc: Registrar, Advisor