

**VITERBI GAPP PETITION FOR WAIVER AND/OR SUBSTITUTION  
BEYOND THE 25% LIMIT, UP TO AND INCLUDING 50%**

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**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**USC ID:** \_\_\_\_\_

**USC E-MAIL:** \_\_\_\_\_

**PHD OR MS:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_

**POST CODE:** \_\_\_\_\_ **UNITS REQUIRED FOR DEGREE:** \_\_\_\_\_

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**REQUEST:**

REQUIRED COURSE	UNITS	SUBSTITUTION	UNITS

COURSE TO BE WAIVED	UNITS

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**REASONS:**

**Please attach advisor and/or student statement and any other supporting documents.**

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**APPROVALS:**

\_\_\_\_\_  
**DEPARTMENT CHAIR (PRINT NAME)**

\_\_\_\_\_  
**DEPARTMENT CHAIR SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DEAN (PRINT NAME)**

\_\_\_\_\_  
**DEAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**ENTERED IN SIS:** \_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**