

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

FIRST NAME: _____ **LAST NAME:** _____

USC ID: _____

USC E-MAIL: _____

PHD OR MS: _____ **MAJOR:** _____

POST CODE: _____ **UNITS REQUIRED FOR DEGREE:** _____

REQUEST:

REQUIRED COURSE	UNITS	SUBSTITUTION	UNITS

COURSE TO BE WAIVED	UNITS

REASONS:

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

APPROVALS:

DEPARTMENT CHAIR (PRINT NAME)

DEPARTMENT CHAIR SIGNATURE

DATE

DEAN (PRINT NAME)

DEAN SIGNATURE

DATE

ENTERED IN SIS: _____
DATE

SIGNATURE