



GRADUATE PETITION – REQUIRED COURSE WAIVER

This form must be completed the semester before the course takes place (example: for a spring course, this form must be completed before the end of the prior fall semester).

Complete this form if you are a professional graduate student (including MMH, Baker, or Graduate Minor in Real Estate) and wish to **request a waiver for a required core or elective course**:

- Contact the course faculty and ask about their specific requirements for consideration of a waiver (qualifying exam, syllabus, grade, description of significant work experience, etc.).
- Include that information on this form and include any pertinent documentation.
- Include any course substitution and why you wish to take that particular course.
 - Once the instructor has reviewed and signed the waiver (whether approved or denied), take this form to 189 Statler Hall, Graduate Student Services.
- Once the Director of Graduate Studies has reviewed and signed the waiver (whether approved or denied), the Hotel School registrar will email you confirmation of the completed process, provide any updates or further instructions, and place a note in your Student Record, and copy the DGS, the course instructor, and the Graduate Student Services on the email.
- If the course is waived, it is your responsibility to make sure you are still fulfilling all requirements of the degree with appropriate credits and courses.
- No academic credit is issued for a course waiver.
- Please be sure to discuss your academic plan with your advisor.

Completed by Student:

Student Name: _____ 7-digit Cornell ID #: _____

NetID: _____ Semester: _____

Course Number and Name: _____

Please state your reason for requesting the waiver. Attach any supporting documents as required by the course instructor:

Student Signature: _____ Date: _____

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Completed by Course Instructor:

I approve this request I do not approve this request

Comments:

Instructor Signature: _____ Date: _____

Completed by Director of Graduate Studies (DGS):

I approve this request I do not approve this request

Comments:

DGS Signature: _____ Date: _____

Please complete this form and obtain all necessary signatures above the red line and return to:

Graduate Student Services Office
189 Statler Hall
ebm7@cornell.edu
607-255-6421

(Below signatures for internal use only)

GSS signature and date: _____

Registrar processed date: _____