Film Studies Petition for Exemption/Waiver

Name: ___________________________ SID#: ___________________________

Email: ___________________________ Phone: ___________________________

I wish to receive an exemption and/or waiver of the following requirement for the Film major.

Non-Film Course: ___________________________________________________________

Substituted for Film: _________________________________________________________

Completed at: ___________________________ When: ___________________________ Units: ______

Reason for Request: _________________________________________________________

___________________________________________________________________________

Other Request: ______________________________________________________________

___________________________________________________________________________

Date __________________ Signature

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All requests for an exemption and/or waiver of course requirements must be approved by the faculty advisor. If there is a course equivalency question, an instructor who is an expert in the field may be needed to evaluate the course and approve the exception.

Course Evaluator’s Comments: _________________________________________________

___________________________________________________________________________

_____ Approved _____ Disapproved Date __________________ Signature of Evaluating Instructor

Advisor’s Comments:

___________________________________________________________________________

___________________________________________________________________________

_____ Approved _____ Disapproved Date __________________ Signature of Advisor

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