



Nursing Student Affairs
University of California, San Francisco
2 Koret Way, Room N319X
San Francisco, CA 94143-0602

COURSE WAIVER FORM

Students who believe a course substantially repeats course work done in a graduate-level course from another institution within the last five years may request a course waiver. The student should first consult their faculty advisor about seeking a waiver for a course. Clinical courses considered for waiver must be completed at another graduate School of Nursing and are subject to policies on Transfer of Credit.

Attach to this form the following items for review:

- Syllabus for Waiver Course** – The syllabus MUST contain: course title, course syllabus with course learning objectives, and required text to support request for waiver.
- Transcript Showing Waiver Course** – The transcript must include course number, units, and grade. Students may request a copy of any transcripts submitted at the time of application to UCSF from the UCSF School of Nursing Office of Student Affairs (OSA) by emailing the office.

Date: _____

Student's Name: _____

Student's Email Address: _____

Required UCSF Course
Number and Title: _____

Quarter of UCSF Course: Fall Winter Spring Summer

University Program Enrolled When
Completed Waiver Course
(e.g. UC Berkeley, MPH): _____

Graduate Level Course Number
and Title: _____

Year, Sem/Qtr Completed: _____ Units: _____

PRIOR to bringing the petition to the Faculty of Record, please receive approval from your faculty advisor and your specialty coordinator.

Faculty Advisor Name

Faculty Advisor Signature

Specialty Coordinator

Specialty Coordinator Signature

Faculty of Record: Please review the attached syllabus and transcript and make a determination that the course meets the requirements for a waiver.

Approved Not Approved

Faculty of Record Name

Faculty of Record Signature

Return this form to the Office of Student Affairs. *Please keep a copy of this form for your own files.*