

**Argosy University/Schaumburg Campus**  
**COURSE WAIVER/TRANSFER FORM**

*Please complete the student section of this form and return it with a copy of the transcript, course syllabus, and pertinent supporting documentation to the Registrar's Office. Note: some materials may not be returned to you.*

**SECTION I: TO BE COMPLETED BY STUDENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Program entering at Argosy University: \_\_\_\_\_

Requesting Waiver of (Argosy Course Title): \_\_\_\_\_ Course #: \_\_\_\_\_

Previous Course Title: \_\_\_\_\_ Course #: \_\_\_\_\_

Institution at which course was taken: \_\_\_\_\_ Year taken: \_\_\_\_\_

Program: \_\_\_\_\_ Degree: \_\_\_\_\_ Trimester/Year Entered: \_\_\_\_\_

Grade Received: \_\_\_\_\_ Level of Course:  undergraduate  masters  doctoral

Number of Credits Awarded: \_\_\_\_\_ Unit of Credit:  semester  trimester  quarter

*Reviewed by Registrar's Office:* \_\_\_\_\_ *Initials:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**SECTION II: FACULTY REVIEW**

Reviewed by (Printed Name): \_\_\_\_\_

The above request is hereby:  Granted  Denied

For:  Waiver (no credit)  Transfer (credit): # of credits: \_\_\_\_\_

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III: ADDITIONAL REVIEW (when necessary)**

Reviewed by (Printed Name): \_\_\_\_\_

The above request is hereby:  Granted  Denied

For:  Waiver (no credit)  Transfer (credit): # of credits: \_\_\_\_\_

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Posted to Transcript by: \_\_\_\_\_ Date: \_\_\_\_\_