



UNIVERSITY OF MASSACHUSETTS

**Petition to Waive Continuing Education Charges
For Students in Programs and/or Courses Approved for Intercampus
Exchange**

STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____

Birthdate _____ Social Security No. _____ Gender M F

Student I.D. No. _____

Campus Address or Off Campus Address: City _____ State _____ Zip _____

COURSE INFORMATION

Course Title: _____ Instructor: _____ Credits: _____

Schedule #: _____ Year _____ Fall Spring

Department: _____ Course #: _____ Section #: _____

Campus OFFERING course: (check one) Amherst Boston Dartmouth Lowell Worcester

Please provide a brief explanation of the way in which this degree fulfills requirement for degree:

I certify that the above course fulfills a requirement for the student's degree and is currently only offered through Continuing Education.

Student Signature

Date

Dean's Signature

Date

APPROVAL

Chancellor's (or designee) Signature

Date