



PETITION FOR WAIVER OF WI REQUIREMENT

Student Name _____ Email _____

Address (Street, City, State, Zip) _____

Student ID _____ Cell phone _____ Semester of entry to QCC _____

Course(s) for which you are petitioning

Course prefix, no., and title _____

College _____

Date course completed _____

Course prefix, no., and title _____

College _____

Date course completed _____

Please justify your request for a waiver

Student signature

Date

Please attach the following:

Official transcript

Supporting documentation (syllabus required; sample assignments etc.)

Submit your petition to:

Chair, Committee on WID/WAC
c/o Office of Academic Affairs
Administration Building, A-503
222-05 56 Avenue
Bayside, NY 11364

WID/WAC Committee Approval

Date

Academic Affairs Approval

Date

**Following approval, petition will be forwarded to Graduation Audit, Registrar's Office,
for notation in student's Degree Works account.**