Course Waiver Petition

Name _________________________________ Date ______________________________
Degree sought _________________________ E-mail address ______________________
Expected quarter of qualifying evaluation ______________________________________

Are you requesting to waive:
  ___ one of the 6 quals courses or
  ___ one of the 4 post-quals courses?
Which one (or two) UW CSE course is most similar in content to the course(s) you took?

If you are requesting a waiver of one of the 6 quals course, does your substitute course fit best in
our Theory, Systems, Programming Systems, or Applications areas?

If you wish to substitute a graduate-level course taken elsewhere for a UW course, provide the
following information: university, course title and number, credits (quarter or semester),
professor, grade, textbook, and a brief description of course content. (If possible, give a URL for
the course.) [Note: course waivers are normally granted only for graduate level coursework
taken elsewhere that is substantially equivalent in depth to the courses being waived.]

Briefly explain why this is an appropriate waiver for the quals or post-quals requirement.
If there is a faculty member who can provide additional information about your request, please provide us with his or her name or have the faculty member give a brief statement below.

Indicate how you expect to satisfy the quals breadth requirement, showing both the courses you have taken (circle) and the courses you still intend to take (underline).

For Ph.D. quals as well as a terminal M.S. the breadth requirement is six courses including:

1. One of CSE 521, 525, 531 (Theory)
2. One of CSE 548, 551, 561, 567 (Systems)
3. One of CSE 501, 503, 505, 544 (Programming Systems)
4. One of CSE 510, 546, 557, 573, 576 (Applications)
5. An additional course from each of two of the groups above.

[Note that, independent of our waivers, the Graduate School requires 18 graded UW credits, not necessarily in CSE, for either an M.S. degree or to schedule the Ph.D. General Exam.]

Instructor: ___ Approve ___ Deny Signature: ______________________________

Comments:

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Committee action (to be completed by the Quals Committee)

Quals Committee: ________________________________ Date ________________