

*School of Information Studies*  
**PETITION TO WAIVE CREDIT HOURS**  
*(BASED ON FULL-TIME PROFESSIONAL WORK EXPERIENCE)*  
**Information Resource Management (IRM) or Information Management (IM) degrees only**

(Please see your Program Handbook for policies that apply to waived credit)

Directions: please complete and sign this petition and turn it in along with a resume to the Graduate Counselor, 4-206C Center for Science and Technology for the Student Services Director's signature. A copy of the approved/denied petition will be mailed to your home address within ten days.

***Important Note: Petitions for waived credit must be submitted for approval before the completion of 18 credit hours. Students who fail to petition for this waiver before completing 24 credit hours will be denied.***

I petition to waive \_\_\_\_\_ credits from the Information Management degree based on full-time professional experience related to the degree program.

NAME: \_\_\_\_\_ SU ID # \_\_\_\_\_ -- \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Please address the following questions before providing additional information you feel expresses how you have developed professional skills required by information managers. Please feel free to use additional pages.

Number of years full-time professional work experience: \_\_\_\_\_

Number of years full-time experience in an *information or technology intensive* work environment: \_\_\_\_\_

Please elaborate on technology skills you have gained and how you use them:

If applicable, number of years as a Manager or Supervisor: \_\_\_\_\_

Most senior title: \_\_\_\_\_ Total people supervised: \_\_\_\_\_

Please circle the most senior person you *directly* reported to in your full-time job (not for a project):

Manager      Director      Vice-President      CIO      CEO/President

Please provide contact information to verify (Name, Address, Phone number, email address, fax number):

Numbers of employees in department/organization: \_\_\_\_\_

Please briefly describe your Project Management experience in the work environment, for example: Project Leader, Team Member and specific responsibilities:

Please detail other technology or leadership related responsibilities:

Please list any relevant publications in academic or professional journals that you have authored or co-authored:

What are three skills or competencies that you feel you have acquired from your full-time work experience that best qualify you for a future leadership position in information management:

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

A resume is attached

**Waiver Policy: Students with 3-5 years of appropriate full-time professional experience may waive 3 credits of the Exit Requirement. Those with 6 or more years of appropriate full-time professional experience may waive 6 credits of the Exit Requirement. This waiver would reduce the number of credit hours required for the degree.**

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Required Signatures

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

This petition to waive credit hours is APPROVED / DENIED

\_\_\_\_\_  
Director of Student Services

\_\_\_\_\_  
Date