

*School of Information Studies*  
**PETITION TO WAIVE CREDIT HOURS**  
*(BASED ON FULL-TIME PROFESSIONAL WORK EXPERIENCE)*  
**TNM Program 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 Director of Student Services 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 24 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 Telecommunications and Network Management degree based on full-time professional experience related to the degree program.

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

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

Today's DATE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

The paragraph below summarizes the knowledge/skills acquired through my fulltime work experience. A resume is attached. **I understand that I must still complete a 3 credit exit requirement as an Independent Study (IST 690) or Readings and Research (IST 996) project.**

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**Required Signatures**

\_\_\_\_\_  
Student Date

This petition to waive credit hours is APPROVED / DENIED

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