Texas A&M University—Kingsville REQUEST FOR COURSE WAIVERS OR SUBSTITUTIONS

Last (family/legal) Name	First (given) Nam	ne Middle (name or initia	l)
Address	City	State	Zip
Student K Number		Major/Degree Program	
Telephone	Email Address		
Circle the action requested:	Substitute/Waive		
Course:	For:Not needed for Waiver		
Reason:			
making a determination about this re (1) a current, comprehensive psycho records; (5) documentation regarding treatment of math anxiety); (6) record	equest to the appropriate dep logical/psychoeducational of g my utilization of relevant d of completed assignment achers, advisors, etc. with w	bility Resource Center to release any infor- partments. Relevant information may inc evaluation; (2) transcripts; (3) degree plan support services (e.g., tutoring, study skil s; (7) results of standardized testing; (8) n whom I have worked. I understand that I n er my request any further.	clude the following: ; (4) class attendance ls instruction, otes from
Student's signature:	Date:		
Witness signature:	Date:		
For use by the Disability Resource Center (DRC) office only			
□ Student is registered with DRC office.		□DRC file is complete.	
□ Current documentation relevant to the request is on file.		\Box Transcript is on file.	
Signature of Coordinator		Date:	
Disability Resource Center	Ī	Dean/Core Curriculum Director	
Waiver/Substitution Recommended	ed	□ Request Approved	
□Waiver/Substitution Not Recomme	ended	Request Denied	
Signature:		Signature:	
Title:		Fitle:	
Date:	I	Date:	

Texas A&M University-Kingsville

INSTRUCTIONS FOR REQUESTING A COURSE SUBSTITUTION/WAIVER

- 1. The student completes the reverse side of this form and submits it to the Coordinator of Disability Resource Center. *[Waivers are NOT allowed for courses in the Core Curriculum.]*
- 2. The Coordinator of Disability Resource Center will review the student's file for completeness and meet with the student to discuss the Course Waiver/Substitution process with the student.
- 3. The Coordinator of Disability Resource Center will review the student's documentation and prepare a synopsis and recommendation to the departmental dean. The synopsis may include a review of the following: (1) a current, comprehensive psychological/psychoeducational evaluation documenting the nature and severity of the disability and the manner in which learning is impacted by the disability; (2) transcripts; (3) degree plan; (4) class attendance records; (5) documentation regarding the student's utilization of relevant support services (e.g., tutoring, study skills instruction, treatment of math anxiety); (6) record of completed assignments; (7) results of standardized testing; (8) notes from conversations with professionals, teachers, advisors, etc. who worked with the student.
- 4. The departmental dean will review the case presented by the Coordinator of Disability Resource Center on behalf of the student and may request additional information as appropriate, including but not limited to the information delineated in items (1) through (8) above.
- 5. Within 7 business days of the Dean's decision, the Coordinator of Disability Resource Center will notify the student, in writing, of the Dean's decision and any recommendations. Copies of the letter will be filed with the student's disability documentation and, the college Dean for the student's major.
- 6. Right of Appeal: Students have the right to appeal the dean's decision. Students who wish such a review must make the request, in writing, to the Coordinator of Disability Resource Center. The Coordinator of Disability Resource Center will forward the request to the Provost/Academic Vice President for review. The Provost will notify the student, in writing, of the decision within 30 days of the request for review.

Submit this petition to: Disability Resource Center 700 University Blvd. MSC 112 Kingsville, TX 78363 Voice: (361) 593-3024 Fax: (361) 593-2006