

## Core Equivalency Review Committee (CERC)

Full Name (Last, First Middle):		Student ID #:	
Curriculum:			
Address (include	e City, State, Zip Code):		
Phone Number:			
Complete this fo	rm to request one or more of the f	ollowing:	
□ Substitution of	of transferred credits to fulfill Unive	ersity Core requirem	ents.
Institution:	Course Title & Number:	Credits:	Core Area:*
□ Waiver of req	uired Core credit.		
Institution:	Course Title & Number:	Credits:	Core Area:*
*Core Areas: US	= University Seminar: W = Writing	e: 0 = Quantitative R	easoning: D = Diversity: CS =

\*Core Areas: US = University Seminar; W = Writing; Q = Quantitative Reasoning; D = Diversity; CS = Contemporary Issues in Science; IA/RA = Arts; IH/RH = Humanities; IN/RN = Natural Science; IS/RS = Social Sciences; R/RA/RH/RN/RS = Research & Creative Experience

Please attach supporting work or additional information for review:

- student letter of petition to the CERC Committee
- if applicable: syllabus, course description, and/or other supporting work for review
- Student must schedule an appointment with the Assistant Dean/Associate Dean of their college.
- Student must provide the completed petition, letter, and supporting documents when meeting with the Assistant/Associate Dean of their college.



Student Signature:	Date:
Advisor Signature:	Date:
Assistant Dean Signature:	Date:

Advisor/Dean signatures acknowledge receipt of petition, they are not an indication of support.

Return this completed form & accompanying documents to:

Office of the Registrar Montana State University-Bozeman 111 Montana Hall P.O. Box 172660 Bozeman, MT 59717-2660

**CERC** Action:

Date: