

# Georgia Tech Professional Education Certificate Program Petition for Exception

Mailing Address: 84 5<sup>th</sup> Street NW, Atlanta, GA 30308

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Fax: 404-894-8925

GTID (ex: 90XXXXXXX)	
Last Name	
First Name	
Middle Name/Initial	
Email	
Phone	
Address	
Date	

Name of Certificate Program:	
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Course Substitution Information (for a previously completed course)	
Title of Course:	
Date Completed:	
URL to Course Page:	
Documentation Required	A transcript or certificate of completion must be submitted

Course Substitution Information (for a yet-to-be completed course)	
Title of Course:	
Anticipated Completion Date:	
URL to Course Page:	

Reason for Request:	
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GTPE INTERNAL USE ONLY			
Result (approved; approved w/conditions; denied)			
Comments			
Date of Action			
Unit Admin Name		signature	
GTPE Admin Name		signature	