

Request for Waiver of Graduate Course Requirement

Name: _____ PID: _____

Name and number of course to be waived:

Equivalent course(s) taken (include university, course numbers, # of credits, name of faculty instructors, grades received). Please attach course syllabuses, as well as bibliographies or reading lists.

Attach a brief description of the course and an explanation of the reasons for the waiver.

Approvals:

Guidance Committee Chair:

(Print name)

(Signature)

(Date)

Director of Graduate Studies:

(Print name)

(Signature)

(Date)