



COURSE WAIVER REQUEST for Graduate Students

Student Name: _____ C #: _____

Major: _____ Date of Request: _____

Please note that for graduate students, any waived course must be replaced by a course or courses within that same department equaling the waived course credit hours. Replacement courses ensure that an adequate number of credit hours are completed toward the degree.

COURSE WAIVER:

Waived Course Information:

Approved Replacement Course Information:

Department Number Title

Department Number Title

Reason for Course Waiver: _____

Waived Course Information:

Approved Replacement Course Information:

Department Number Title

Department Number Title

Reason for Course Waiver: _____

Signatures below indicate approval of the above course waiver requests:

Name of advisor (print name)

Advisor Signature

Date

Associate Dean of Graduate Studies

Date