THE GRADUATE SCHOOL OF EDUCATION

WAIVER OF COURSE

Name ________________________________ Program ________________________________

E-mail Address ___________________________ Student I.D. No. _______________________

Waive - course#: ___________________ Course title: _______________________________ Cr: _____

Substitute - course#: ___________________ Title: ________________________________ Cr: _____

(If the course was taken at another institution, the applicant must first submit an academic petition to have the course transferred into his/her degree).

Reason for the waiver:

Graduate Coordinator/Chair

_____ Approved _____ Denied

Signature Graduate Coordinator/Chair ______________________________ Date ____________

Comments: