Course Waiver Request Form

Date: ______________________________

Student Name: ____________________________________________________________

Course: ____________________________________________________________________

Reason for Waiver Request: __________________________________________________
                                                                                   ____________________________________________________________
                                                                                   ____________________________________________________________

Please attach a one-page narrative describing how prior coursework or experiences fulfill the objectives of this course. Supporting documentation such as a course syllabus, a letter from a teacher or former employer, or a job description are strongly encouraged.

Advisor Signature: __________________________________________________________

For Office Use Only:

Dean of Academics Signature ________________________________________________

Date of Approval: __________________________________________________________