COURSE WAIVER FORM

NAME: ________________________________

PROGRAM: ____________________________

FACULTY ADVISOR: ____________________

REQUIRED COURSE TO BE WAIVED: ______

PREVIOUS COURSE INFORMATION:

University: ___________________________

Course Name/Number: __________________

Date Taken: __________________________

Attach a copy of the course syllabus with the transcript that contains the course grade. Submit all materials to the Lynch School Graduate Office in Campion 135.

Department Approval

____________________________________
Advisor’s Signature                     Date

Dean’s Approval

____________________________________
Dean’s Signature                      Date