



**BOSTON COLLEGE**  
Lynch School of Education  
and Human Development

**Course Waiver Form**

*To be completed by students who have completed similar graduate level work to a required course in their program of study. Submit this form with your advisor's signature and supporting materials to <http://bit.ly/GradOfficeFormSubmission>. Once this form is processed, you will receive an email confirmation. Please note all Master's students must complete at least 30 credits to graduate.*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Eagle ID:** \_\_\_\_\_  
(First 8 numbers)

**Program:** \_\_\_\_\_

**Faculty Advisor:** \_\_\_\_\_

**Required Course to be Waived:** \_\_\_\_\_  
(Course Name & Course Number)

**Previous Course/Experience Information:**

**I have taken a course similar in content to the course I am requesting to waive.**

University: \_\_\_\_\_

Course Name/Number: \_\_\_\_\_

Date Taken: \_\_\_\_\_

*Attach a copy of the course syllabus and an official transcript that list the course and grade.*

**I have previous work experience/majored in an area similar in content to the course I am requesting to waive.**

*Please attach a statement with any supporting documents (e.g. resume, transcript) necessary.*

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**Department Approval:**

\_\_\_\_\_  
*Faculty Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dean of Graduate Student Services Signature*

\_\_\_\_\_  
*Date*