

D | A | A | P

College of
DESIGN
ARCHITECTURE
ART
PLANNING

MASTER of COMMUNITY PLANNING COURSE WAIVER

Attach the syllabus from the equivalent course for review and send to the instructor of the course you wish to be waived.

The course waiver must also be approved by the Program Director of the MCP.

STUDENT INFORMATION

Student Name: _____

Email: _____ M# _____

This request is for a waiver to be granted for:

Course Title: _____

Course #: _____

Instructor: _____

Rationale and Documentation (attached):

Grade earned for equivalent course: _____ Year taken: _____

Student Signature

Date

Does the student meet the requirements to be granted a waiver from the course requested above? Yes / No

Instructor

Signature/Date

Does the Program Director approve of this waiver. Yes/No

Program Director

Signature/Date

University of Cincinnati

School of Planning

PO Box 210016

Cincinnati, OH 45221

Attn: Andrea Jeffers

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