MASTER in 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.

STUDENT INFORMATION

Student Name: __________________________________________
Email: ______________________________________ M#____________

This request is for a waiver to be granted for:

Course Title: __________________________
Course #: __________________________
Instructor: __________________________

Rationale: ____________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

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 Name __________________________ Signature __________________________ Date __________