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 ________________