

D | A | A | P

College of
DESIGN
ARCHITECTURE
ART
PLANNING

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

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