



Course Waiver Request Form

Student Name _____ **Date** _____

Course _____

**Reason for Waiver
Request** _____

Please attach a one-page narrative describing how prior coursework or experiences fulfill the objectives of this course. Supporting documentation such as a course syllabus, a letter from a teacher or former employer, or a job description are strongly encouraged.

Advisor Signature _____

For Academic Office Use Only

Dean of Academics Signature _____

Date _____