

**DEPARTMENT OF EDUCATION
COURSE WAIVER REQUEST**

Name _____ Date _____

Email _____

Program School Psychology
 Teacher Education – Subject & Level _____

Request to waive the following requirement for:

Degree † Licensure ‡

After checking one or both of the above, please list the course number and name that you are requesting to waive

Rationale: Please print and be specific. This form must be signed by your advisor and be accompanied by the **original transcripts** and **course descriptions**.

† Signature of the Chair required for waiver of a **Degree** requirement.

‡ Signature of Institutional Licensure Officer required for waiver of **Licensure** requirement.

Required signatures:

Student _____
Advisor

Chair *or* _____
Institutional Licensure Officer

Course Instructor

APPROVED NOT APPROVED