

# COURSE WAIVER REQUEST

Student Name \_\_\_\_\_ SID # \_\_\_\_\_ Year Matriculated \_\_\_\_\_

Program  M.Arch I  M.Arch II Current Year  1  2  3  4 Date \_\_\_\_\_

(submit only one request per form)

**Request Course Waiver for**

YSOA Course # \_\_\_\_\_ YSOA Course Name \_\_\_\_\_

Institution Where Comparable Course Previously Taken \_\_\_\_\_ When \_\_\_\_\_  
Term & Year Taken \_\_\_\_\_

**Request Waiver of Urbanism & Landscape Elective Requirement**

**Request Waiver of History & Theory Elective Requirement**

**Request Waiver of Visualization III Elective Requirement**

Course # \_\_\_\_\_ Course Name \_\_\_\_\_

**Explanation of Request** (if more space is needed, attach additional page)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_

**Student must take form to Study Area Coordinator for approval and return to Registrar's Office.**

**STUDY AREA COORDINATOR**

Transcript reviewed by Area Coordinator  Yes  No Supporting Materials reviewed by Area Coordinator  Yes  No

Materials reviewed: \_\_\_\_\_  
\_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

**CURRICULUM COMMITTEE**

Curriculum committee meeting date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Chairperson of Curriculum Committee

**RULES COMMITTEE**

Rules Committee meeting date \_\_\_\_\_

Approved  Disapproved  Hold For \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Chairperson of Rules Committee

**Backup Documentation Required please attach course syllabus and course description with this waiver form.**

**Deadline to submitted waiver: Wednesday, September 4, 2019 by 4pm**