

COURSE WAIVER REQUEST

Student Name: _____ SID # _____ Year Matriculated: _____

Program M.Arch I M.Arch II MED Current Year: 1 2 3 4 Date: _____

(submit only one request per form)

Request Course Waiver for

YSOA Course # _____ YSOA Course Name: _____

Institution & Course # Where Comparable Previously Taken: _____ When: _____
Term & Year Taken

Course # _____ Course Name: _____

Request Waiver of Urbanism & Landscape Elective Requirement

Request Waiver of History & Theory Elective Requirement

Request Waiver of Visualization III Elective Requirement

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 & Supporting Materials reviewed by Area Coordinator: Yes No Approved Disapproved

Coordinator comments: _____

Coordinator Name: _____ Signature: _____ 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

Attach Required Documentation:

1. Course Syllabus & Course Description
2. Copy of Transcript