

# 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)

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

Signature of Chairperson of Rules Committee

## Attach Required Documentation:

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