

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 5, 2018 by 4pm