DEPARTMENT OF PLANNING, PUBLIC POLICY & MANAGEMENT

WAIVER REQUEST FORM

The CRP, MNM, and MPA master's programs will allow waivers of core courses in the event that the required course content has been mastered previously. In lieu of taking the course, students are required to take either a higher level course in that area or a "complementary" course. Complementary courses are those that are in the general area of the core course, but are not necessarily more advanced.

NAME _____ DATE _____

EMAIL ADDRESS

COURSE NUMBER & TITLE FOR WHICH YOU ARE REQUESTING A WAIVER

COURSE NUMBER & TITLE OF HIGHER LEVEL OR COMPLEMENTARY COURSE

Reasons for Requesting Waiver

- 1. The most common reason for requesting a waiver is that you (the student) have acquired the required content elsewhere—by taking another course or group of courses, or through some other means. PLEASE DESCRIBE BELOW WHAT YOU HAVE LEARNED AND HOW (WHERE) YOU LEARNED IT.
- 2. If you are requesting a waiver of the internship requirement, describe below your field experience and documentation must be attached.

(ATTACH ADDITIONAL SHEETS IF NECESSARY) --- OVER

PROCEDURE

1. The student and his/her advisor should discuss this request, and then get a written recommendation of the faculty member teaching the course for which the waiver is requested in the space below.

Note: instructor approval does not ensure the waiver will be granted. The waiver must be consistent with all program and accreditation requirements.

- 2. The student submits the form to the program director who also indicates his/her recommendation below.
- 3. If the advisor, faculty member and the director approve the request, the student will be notified and the waiver form will be placed in student's file.
- 4. If the advisor, faculty member or director do not approve, the student is notified that the waiver has not been granted. The student may file an appeal with the department head. The student is notified whether the appeal is granted or denied and notice will be placed in student file.

ACTION TAKEN

2.

3.

1. Recommendation of Faculty Member Teaching Course

| Approve | Do Not Approve |
|------------------------|----------------|
| Comments: | |
| | |
| Signature: | Date |
| Recommendation of Stud | ent's Advisor |
| Approve | Do Not Approve |
| Comments: | |
| | |
| Signature: | Date |
| Recommendation of Prog | ram Director |
| Approve | Do Not Approve |
| Comments: | |
| | |