

DEPARTMENT OF PSYCHOLOGY

INDIVIDUAL COURSE WAIVER FORM

School Psychology Program

TO BE COMPLETED FOR EACH COURSE BY END OF FIRST SEMESTER IN PROGRAM

A. Student Name

B. Course to be waived ______

C. Data presented in support of course waiver. Note all specific course names, numbers and institutions that are applicable.

D. Evaluation by instructor:

E. Needed steps to be completed before waiver is approved:

Student Signature

Instructor Signature

Graduate Director Signature

Date

Date

Date

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