

## GRADUATE STUDENT WAIVER FORM

To assist in the processing of your course waiver request please provide the following: **1. Transcript indicating a grade of "B" or higher in the equivalent coursework; 2. Course syllabi, project statements, assignments, exams, quizzes; 3. Examples of your projects, papers, assignments, exams, quizzes; 4. Brief statement of your request and how you feel you have satisfied the required course requirements; and 5. Instructor contact information.**

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PLEASE SUBMIT REQUEST TO THE INSTRUCTOR AT LEAST ONE SEMESTER PRIOR TO THE SEMESTER INVOLVED  
*Please use separate form for each instructor*

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Mailing Address: \_\_\_\_\_ ID: \_\_\_\_\_  
To (Instructor): \_\_\_\_\_ Phone: \_\_\_\_\_

I request your recommendation to the Graduate Committee with regard to my program curriculum. Please review the attached materials and complete the recommendation section of this form. The signed recommendation should be presented to the Director of Graduate Studies, Room 100 Alumni Hall.

Student check one: Required Course Waived: \_\_\_\_\_ Credit Hours Reduction, if any: \_\_\_\_\_

Specify course Number: \_\_\_\_\_

My reasons for this request are as follows: (attach documentation of equivalency)

Equivalent Coursework completed: \_\_\_\_\_ Graduate Level \_\_\_\_\_ Undergraduate Level \_\_\_\_\_

Other - be specific: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student

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### Recommendation for M. Arch Curriculum Change

Dear Graduate Committee:

I have reviewed the curriculum change requested above. I hereby submit my recommendation in this case:

\_\_\_\_\_ Recommend Course Waiver. Specify course: \_\_\_\_\_

\_\_\_\_\_ Recommend Electives or Substitutions: \_\_\_\_\_

\_\_\_\_\_ Recommend Denial of Request: Specify Course: \_\_\_\_\_

State Reasons: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Instructor

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### Approved M. Arch Curriculum Change

Dear Student: Your request has been reviewed. Changes in your curriculum are:

Approved Course Waiver for Course: \_\_\_\_\_

Electives or substitutions required: \_\_\_\_\_

Rationale \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Graduate Studies in Architecture