Postponement or waiver of core curriculum course.

Name:

Course to be postponed or waived by substitution.
(Please circle)
Title, course #

If course is to be postponed, time when course must be taken by:

Reason:

Students advisor:
I approve ____ disapprove ____ of the course postponement waiver
(Please circle)
Signed:
Date:__________________

Director:
I approve ____ disapprove ____ of the course postponement waiver
(Please circle)
Signed:
Date:__________________

If a substitution/waiver of a core course is requested please submit a syllabus to the current instructor of the core course for verification that the contents are similar, before submitting.

Core course instructor:
The content of the course ________________________________ is equitable
with ________________________________.
Signed: