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 of the course postponement waiver (Please circle)
Signed:
Date:
Director: I approve 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
is equitable
with
Signed: