

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: