

3.4 Waive a core course

Last name: _____ First name: _____ SID: _____

Email: _____ Phone: _____

Program: MSCMPE MSSE

Course to be waived: _____

(1) Student submits

- A copy of the transcript containing the equivalent course
 - A copy of the course description
 - A copy of Program of Study (must be completely typewritten)
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(2) Department office

Tracking Number: _____ Time Stamp: _____

(3) Program Director

Decision: _____ Initial: _____ Date: _____

(4) Student

Picks up the package Time Stamp: _____