



DEPARTMENT OF PSYCHOLOGY

## INDIVIDUAL COURSE WAIVER FORM

School Psychology Program

**TO BE COMPLETED FOR EACH COURSE BY END OF FIRST SEMESTER IN PROGRAM**

A. Student Name \_\_\_\_\_

B. Course to be waived \_\_\_\_\_

C. Data presented in support of course waiver. Note all specific course names, numbers and institutions that are applicable.

D. Evaluation by instructor:

E. Needed steps to be completed before waiver is approved:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Director Signature

\_\_\_\_\_  
Date