MILR Core Course Waiver Request

Use this form to **request core course requirement waiver**. All course waiver requests must be accompanied by the course description and syllabus of the equivalent course taken. Only full semester courses with grades of B or above will be accepted. Approval of the instructor of the ILR course you intend to waive is required. Courses successfully waived do <u>not</u> count towards degree requirements. All completed requests must be reviewed and approved by the ILR Graduate Committee.

Student Name:		Student ID#:	NetID:
Degree Program:	Concentration:		Expected Grad Date:
Course you are requesting to	waive (provide course num	ber and name):	
Reason for waiver:			
Signatures & Approvals:			
I have received the request and should be allowed a waiver of		ee this student has complete	d an equivalent course and
Instructor printed name	Instructor s	ignature	Date
I understand this policy and ce	ertify the above information is	correct and true.	
Student signature	Date		
For Office Use Only: Decision	on	Date	