

**GRADUATE STUDIES COMMITTEE
DEPARTMENT OF PSYCHOLOGY**

PETITION FOR WAIVER OF COURSE REQUIREMENT

NAME: _____

AREA: _____ DEGREE: _____

Course(s) already taken to fulfill requirement for: MA Ph.D.

Date Registered/ Completed	Course Number/Title & Description	Instructor	Credit Hours	Grade

Course Petition is concerned with:

Petition must be received by the Coordinator of Graduate Studies at least one week prior to scheduled meeting to be considered at the meeting.

Justification for Accepting this Petition:

(Be specific and complete. Use additional sheets if necessary)

Action taken:

Approve Disapprove Reason:

Date: _____ Signature: _____