



College of Education

Counseling M.A. Program

APPLICATION FOR COURSE WAIVER

Please see the master handbook to view the advanced standing policy on course waivers.

APPLICANT'S NAME _____
Last First MI

TITLE AND NUMBER OF WSU COURSE REQUESTED TO BE WAIVED: _____

TITLE, DEPARTMENT, AND NUMBER OF COURSE CONSIDERED TO BE EQUIVALENT: _____

INSTITUTION WHERE COURSE WAS TAKEN: _____

INSTRUCTOR'S NAME: _____

DATE TAKEN: _____ COURSE GRADE: _____

DIRECTIONS:

1. Attach a copy of the course syllabus, including texts, required readings, course requirements, course activities, examinations, and other pertinent data.
2. Attach a description of the course, including basic objectives, methods used to achieve those objectives, and any other data which is not immediately apparent from the syllabus.
3. Three copies of the petition and related data should be given to the Office of Graduate Education in Cleveland Hall 70.