Counseling Psychology Ph.D. Program

APPLICATION FOR COURSE WAIVER

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

Applicants Name: ____________________________  WSU ID: _________
                  Last      First      MI

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

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TITLE, DEPARTMENT, AND NUMBER OF COURSE CONSIDERED 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.

Updated 5/2015