# Penn State College of Information Sciences and Technology

# Specialization Course Waiver Form

Name:

PSU ID:

Email:

# Guidelines:

* The course must be from an accredited institution.
* You must have received an A or B grade in the course.
* The course must appear on an official graduate transcript. You will need to send us a copy of the official transcript with the course and grade listed.
* The course must have been taken within the five years prior to the date of registration to the IST graduate program.
* You must also send the syllabus for the course that is proposed for the waiver.
* Waived requests must be submitted by May 15 of the end of your first year. No waiver requests will be accepted after this date.

I request a review of the following course to determine if it can be waived towards a specialization course requirement.

|  |  |
| --- | --- |
| **Course Title:** |  |
| **Month/Year of Course Completion:** |  |
| **University/Program of Course Completion:** |  |
| **Grade Received:** |  |

# Student Justification:

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| --- |
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**Adviser’s Statement:**

|  |  |
| --- | --- |
|  | This course can be used towards a specialization course requirement.  |
|  | This course cannot be used towards a specialization course requirement. Please provide a brief statement below about why this course is not equivalent. |
|  |  |

# Signatures

|  |  |
| --- | --- |
|  |  |
| Student Signature | Date |
|  |  |
| Adviser Signature | Date |

**For Office Use Only**

Return this form to the Office of Graduate Programs in the Westgate Building to be approved by the director of Graduate Programs.

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| --- | --- |
|  | **Approved.** This course can be used towards fulfilling a specialization course requirement. |
|  | **Not approved**. This course cannot be used towards fulfilling a specialization course requirement. |

|  |  |
| --- | --- |
|  |  |
| Graduate Programs Director Signature | Date |

Office of Graduate Programs • (814) 863-0591 • ISTgradprograms@psu.edu