



# Specialization Area Course Waiver

Please complete this form with your adviser and return to the Graduate Programs Office for review by the Graduate Programs Director.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

PSU ID#: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Course title: \_\_\_\_\_

Have you completed the course at this time?      YES      NO

Student justification:

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 about why this course is not equivalent.

**Adviser Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Please return form to the Graduate Programs Office, 321F IST Building, for review by the Graduate Program Director.

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.

\_\_\_\_\_  
Director of Graduate Programs Signature

\_\_\_\_\_  
Date