Specialization Course Waiver Form

Name ______________________________ Date _______________________

PSU ID# ___________________________ Email _______________________

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:

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

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_____________________________   ______________________
Student Signature     Date

_____________________________   ______________________
Adviser Signature     Date

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

_____  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