



DEPARTMENT OF PSYCHOLOGY

INDIVIDUAL COURSE WAIVER FORM
Clinical-Community Psychology Program

A. Student Name _____

B. Course to be waived _____

C. Data presented in support of course waiver. Note all specific course names, numbers and institutions that are applicable.

D. Evaluation by instructor:

E. Needed steps to be completed before waiver is approved:

Student Signature

Date

Instructor Signature

Date

Graduate Director Signature

Date